54TH GLOBAL CONGRESS ON MIGS

AGL 25

VANCOUVER, BC, CANADA
NOVEMBER 8-11

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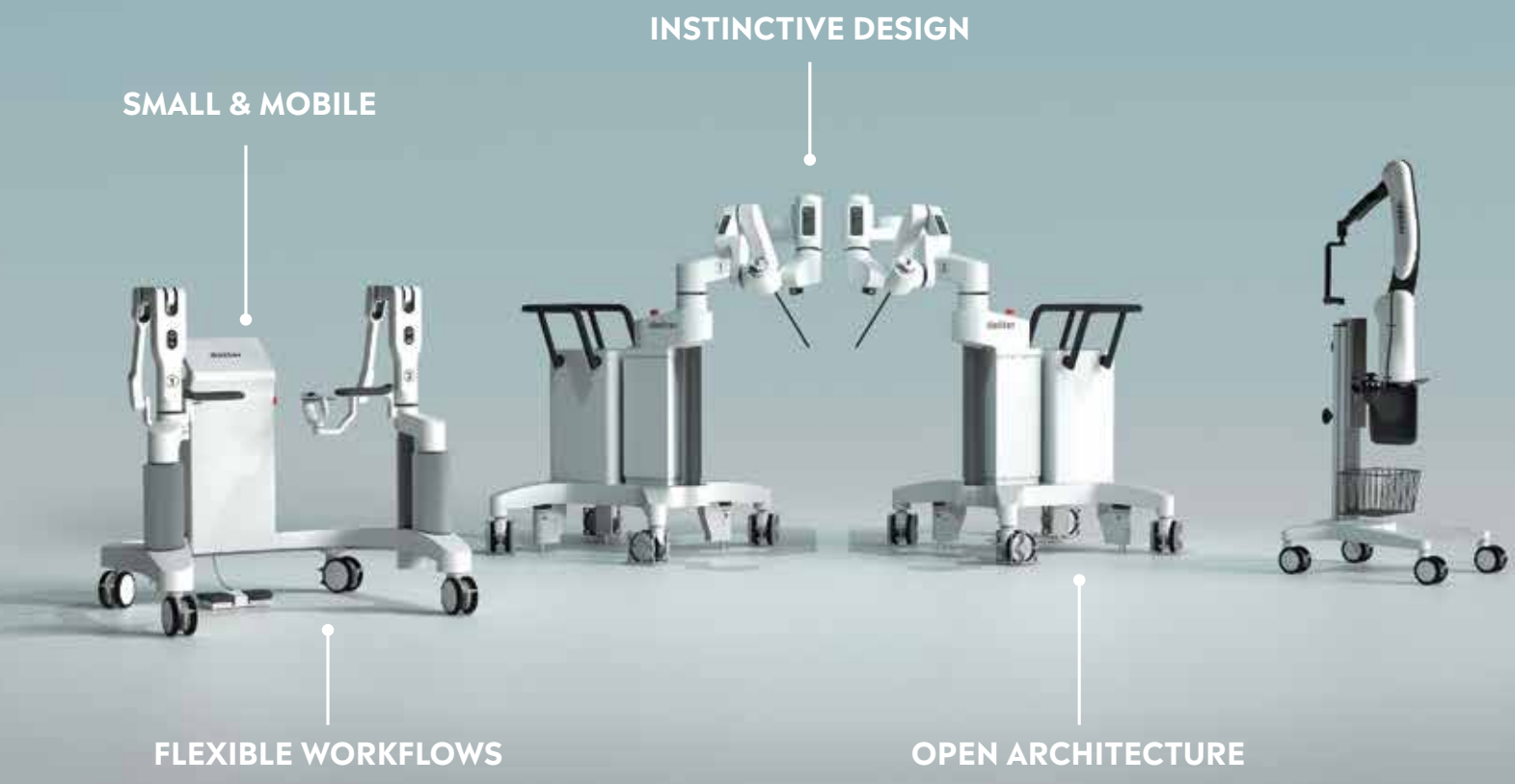

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Welcome! from the SCIENTIFIC PROGRAM CHAIR

Dear Friends, Colleagues, and Fellow Travelers on this Extraordinary Journey We Call Medicine,

Welcome to Vancouver! You made it! And if the numbers are any indication, you've made an excellent decision to be here.

We have participants here from more than 55 countries and 200 more people than we had in either 2023 or 2024. Now, I'd love to take credit due to my magnetic personality, but the truth is simpler: People are genuinely excited about AI and what it means for the future of women's health. And frankly, who can blame them?

Our theme this year, **"Precision, Progress, and the Power of AI: Shaping the Future of Women's Health**," sparked unprecedented interest. We received twice as many course proposals and a record-breaking number of abstract submissions. Clearly, this is a topic that resonates. Like the pioneers who came before us, we are now exploring the unfamiliar - seeking to understand how AI can enhance our interactions with patients, improve outcomes, and reshape the way we think about surgery.

In 1971, Dr. Jordan Phillips founded the American Association of Gynecologic Laparoscopists with a revolutionary vision. He didn't just start an organization - he created a society of innovators. A society of barrier-breakers who look at the impossible and say, "Watch this." He embodied the ancient motto Plus Ultra—"Further Beyond"—sailing into uncharted waters when others saw only limits. Those pioneers didn't just push the envelope; they set sail for territories no one else dared to map.

And what pioneers they were! Think of Kurt Semm in Germany, perfecting laparoscopic techniques while his colleagues called him reckless—even examining him psychiatrically because they thought anyone attempting laparoscopic surgery must be mentally unstable. These innovators heard "Non Plus Ultra"—Nothing Further Beyond—every single day. And every single day, they kept sailing forward.

Today, over five decades later, we find ourselves once again at the dawn of a new era - one fueled by rapid advancements and the growing influence of artificial intelligence in medicine and surgery. This congress is a nod to that pioneering spirit of 1971, dedicated to the transformative potential of artificial intelligence and surgical innovation. We're standing at the edge of something extraordinary, and I, for one, am thrilled we get to explore it together.

I'm especially honored to recognize Dr. Javier Magrina as this year's Honorary Chair. Dr. Magrina has spent decades embodying that same Plus Ultra spirit—pioneering robotic surgery when skeptics dismissed it as a toy, pushing for laparoscopic cancer surgery when the establishment said it was dangerous. He's living proof that the ones criticized today become tomorrow's legends, and he represents the bridge between the pioneering spirit of our past and the technological frontier of our future.

The Scientific Program Committee and AAGL staff have worked with incredible dedication to craft a program that is not only innovative and thought-provoking but also deeply relevant to the challenges and opportunities you face in your daily practice. From General Sessions to PG Courses, Labs, Panels, Debates, and Surgical Tutorials, our expert faculty have curated a dynamic, challenging, and enriching experience for you. I encourage you to take full advantage of every learning opportunity, and don't miss the chance to connect with peers, mentors, and industry leaders in our networking events and Exhibit Hall.

I'm especially excited about our Keynote Speaker, Dr. Ryan McAdams, whose work at the intersection of artificial intelligence and medicine is both visionary and grounded. Dr. McAdams is a neonatologist and professor at the University of Wisconsin, where he serves as Division Chief of Neonatology. He spent ten years in the US Air Force and has brought his expertise to communities around the globe—from Peru to Mongolia, Cambodia to Uganda—driven by the conviction that "every baby everywhere deserves the best care to allow them to survive and thrive." His research on using AI and machine learning to enhance neonatal safety and outcomes perfectly embodies what this Congress is all about: Harnessing cutting-edge technology to improve lives. His talk will help frame the discussions we'll have throughout the week and challenge us to think critically about how we can harness these technologies for the greater good.

As we face difficulties unique to our own parts of the world, I hope that in our time spent here, we are renewed by the beauty of this place and find inspiration and respite in our time together. (And if the scientific sessions don't inspire you, the views definitely will.)

More than anything, I hope this week offers you something deeply personal: inspiration, new knowledge, meaningful connection—and maybe even a renewed sense of purpose.

Thank you for being here. With these record numbers, it's clear that we're all feeling the same pull toward innovation and progress. We stand at our own Pillars of Hercules, and the inscription is clear: Plus Ultra. There is more beyond. And we're the ones brave enough to sail there. Because that's who we are. That's who we've always been.

Let's make this Congress one to remember.

Welcome to Vancouver!

Warmly,

Michael Hibner, MD, PhD
2025 Scientific Program Chair

Thank You!

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For 54 years, AAGL's mission to advance best practices in minimally invasive gynecologic surgery has elevated the quality and safety of healthcare for women throughout the world. We gratefully acknowledge the generous support from the following industry partners who join us in this mission.

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Program Schedule

Friday, November 7, 2025

FMIGS Registration • 6:30 am – 7:30 am
FMIGS Breakfast • 7:00 am • Ballroom D
FMIGS Bootcamp • 7:40 am – 4:40 pm • Rooms 116–121

Saturday, November 8, 2025

FMIGS Round Table Breakfast • 6:45 am – 7:30 am • Ballroom D
FMIGS 2nd Year Fellows Course • 7:30 am – 12:00 pm • Room: 219
FMIGS 1st Year Fellows Course • 8:00 am – 12:15 pm • Room: 220

Course	**Registration** • 8:00 am – 5:00 pm • Level 1, Foyer	Room
	Morning Didactic Courses Followed by SIG Town Hall • 9:15 am – 12:00 pm	
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PAGS-602	CME Didactic - Congenital Anomalies and Complex Pediatric Surgical History: A Roadmap for the MIGS Surgeon	206
PELV-603	CME Didactic - Tech Trends in the Care Continuum of Chronic Pelvic Pain Patients: A Roadmap to Innovation	211
FIBR-604	CME Didactic - On the Cutting Edge: Advances in Fibroids	212
	Postgraduate Networking Lunch • 12:15 pm – 1:15 pm • Ballroom D	
	Afternoon Didactic Courses Followed by SIG Town Hall • 1:30 pm – 4:15 pm	
URO-605	CME Didactic - Urogynecologic Skills for the Gynecologic Specialist	203
ROBO-606	CME Didactic - Start-Up Integrating Robotics Into Your Surgical Practice	206
IMG-607	CME Didactic - Advanced Gynecologic Ultrasound for Surgeons: Integrating this Technology into Your Clinical Practice	211
ENDO-608	CME Didactic - Fertility Focused Management of Endometriosis	212
ONC/PAGS-609	CME Didactic - Fertility Preservation Across the Lifespan: Current Practices, Techniques and Innovations	219

ABOG/AAGL Town Hall Meeting - Complex Benign Gynecology (CBG) Fellowship • 4:30 pm – 6:30 pm • Room 203
FMIGS Graduation • 6:30 pm – 7:30 pm • Room 302
FMIGS Graduation Reception • 7:30 pm – 8:30 pm • Foyer of 302

Sunday, November 9, 2025

Registration • 7:00 am – 6:00 pm • Level 1, Foyer

Course	**Morning Lab Courses** 8:00 am – 11:15 am	Room
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INTU-701	**Sponsored Course -** Intuitive Surgical Robotics Forum • 8:00 am – 12:00pm	118
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ENDO-705	CME Didactic - Mastering Complex Endometriosis Surgery. Precision Tips to Optimize Your Sailing Through the High Seas	211
ANAT-706	CME Didactic - AAGL/ISSA: The Tide is High, But I'm Holdin' On: Tips and Tricks in Laparoscopic Retroperitoneal Surgical Anatomy to Perform Safe Gynecologic Surgery	212
LEAD-707	CME Didactic - From Operating Room to Boardroom: Human Leadership in The World of AI	219
SEXU-708	CME Didactic - Pelvic Neuroanatomy, Female Sexuality, Endometriosis and Innovation: Preserving Function Through Knowledge and AI	220
ENVI-709	CME Didactic - Applying the 3 R's of Sustainability to the Operating Room: How to Reduce, Reuse, and Recycle to Cut Operating Room Costs	221
EDU-710	CME Didactic - Public Speaking and Effective Communication for MIGS Surgeons	223
	Postgraduate Networking Lunch • 11:30 am – 1:15 pm • Ballroom D	
	Afternoon Lab Courses • 12:15 pm – 3:30 pm	
SUTR-711	Lab - Advanced Suturing Lab PM	121
ANAT-712	CME Observational Lab - AAGL/ISSA: "The Anatomy Shelter" Tips and Tricks in Laparoscopic Retroperitoneal Surgical Anatomy to Perform Safe Gynecologic Surgery. Keynote Cadaveric Dissection and Surgical Video Course	109
	Afternoon Didactic Courses • 1:30 pm – 3:30 pm	
HSC-713	CME Didactic - Endometrial Trauma and Intrauterine Adhesions: Pathogenesis, Clinical Impact, Prevention and Management.	203
BUS-714	CME Didactic - Maximize Your Coding Knowledge for Efficiency	206
ENDO-715	CME Didactic - Advanced Surgical Techniques for Endometriosis: Mastering Digestive, Urinary, and Diaphragmatic Excisions for Optimal Outcomes	211
MYOM-716	CME Didactic - Mastering Your Myomectomies	212
TECH-717	CME Didactic - Leveraging Surgical Intelligence: Transforming Clinical Care, Surgery, Education, and Research	219
YAN-718	CME Didactic - The YAN ERAS Tour: Jumpstarting Your Practice With Old Wisdom and New Technologies	220
URO-719	CME Didactic - The Role of Uterine Preservation in Pelvic Reconstructive Surgery: Hysteropexy Techniques	221
INNO-720	CME Didactic - Medical Device Innovation: Roles and Contributions of Medical Professionals. Roadmap to Building a Start-Up to Take You From Idea to the Operating Room	223

Program Schedule

Sunday *Evening*, November 9, 2025

General Session I: Opening Ceremony • AAGL MED Talk I • Honorary Chair • Presidential Address • 3:45–4:45 pm • Ballroom A

Welcome Reception in the Exhibit Hall • 5:00 pm – 7:00 pm • Exhibit Hall B

Foundation Awards Celebration & Fundraising Event (Ticketed) • 8:00 pm – 12:00 am • Ballroom A

Congress • Monday, November 10, 2025

Wellness Sessions: Yoga • 6:30 am-7:30 am • Ballroom D
Sound Bath • 6:30 am-7:30 am • Room 306

Registration • 8:00 am – 5:00 pm • Level 1, Foyer

AAGL Business Meeting • 8:00 am – 8:15 am • Room 109

Exhibit Hall
Continental Breakfast • 8:00 am – 9:30 am
Experience Theaters • 8:30 am – 9:15 am • M&D Capital (Theater 1), Johnson & Johnson MedTech (Theater 2)
Virtual Posters • 8:00 am - 2:00 pm

General Session II: AAGL MED Talk II • Keynote Address • 9:45 am – 10:45 pm • Ballroom A

	Room 203	Room 206	Room 211	Room 212	Room 219	Room 220	Room 221	Room 223	Ballroom A
11:00 am – 12:00 pm	CME Surgical Tutorial 1 Anomalies	CME Surgical Tutorial 2 High BMI	CME Panel 1 AI & AR	CME Debate 1 Endometriosis	Oral Session 1 Fibroids	Video Session 1 Basic Science	Video Session 2 Endometriosis	Video Session 3 Robotics	AGES Rectal Muscularis Endometriosis

Exhibit Hall
Box Lunches • 12:00 pm – 2:00 pm
Experience Theaters • 12:30 pm – 1:15 pm • Rejoni (Theater 1), Applied Medical Resources (Theater 2)
Virtual Posters • 8:00am – 2:00pm
Exhibit Hall Hours • 8:00am – 2:00pm

JMIG Editors' Awards Luncheon • 12:15 pm – 1:15 pm • Room 302 • *By Invitation*

2:00 pm – 3:00 pm	CME Surgical Tutorial 3 Hysteroscopy	CME Panel 2 Endometriosis	CME Debate 2 Laparoscopy	Oral Session 2 Endometriosis	Oral Session 3 Research	Video Session 4 Endometriosis	Video Session 5 New Instrumentation	Video Session 6 Laparoscopy	APAGE Advanced vNOTES Surgery
3:15 pm – 4:15 pm	CME Panel 3 Fibroids	CME Panel 4 Natural Orifice	CME Surgical Tutorial 4 Endometriosis	Oral Session 4 Endometriosis	Video Session 7 Hysteroscopy	Video Session 8 Laparoscopy	Video Session 9 Various	Video Session 10 Endometriosis	-

General Session III: AAGL MED Talk III • Debate: MRI vs. Ultrasound • 4:15 pm – 5:15 pm • Ballroom A

AAGL/COGA Scientific Session • 5:30 pm – 7:30 pm • Room 203

CHUGAI Pharmaceutical Industry Symposium • 5:30 pm – 6:30 pm • Room 302

The President's Gala: A Speakeasy Soiree (Ticketed) • 8:00 pm – 12:00 am • The Vancouver Club

Congress • Tuesday, November 11, 2025

Wellness Sessions: Yoga • 6:30 am-7:30 am • Ballroom D
Sound Bath • 6:30 am-7:30 am • Room 306

Registration • 8:00 am – 2:00 pm • Level 1, Foyer

Exhibit Hall
Continental Breakfast • 8:00 am – 9:30 am
Experience Theaters • 8:30 am – 9:15 am • AAGL/ASRM (Theater 1)
Virtual Posters • 8:00 am – 2:00 pm
Exhibit Hall Hours • 8:00 am – 2:00 pm

General Session IV: AAGL MED Talk IV • Panel: Original Innovators • 9:45 am – 10:45 am • Ballroom A

	Room 203	Room 206	Room 211	Room 212	Room 219	Room 220	Room 221	Room 223	Ballroom A
11:00 am –12:00 pm	CME Debate 3 Hysteroscopy	CME Panel 5 Ethics	CME Surgical Tutorial 5 Neuropelveology	CME Panel 11 Endometriosis	Oral Session 5 Laparoscopy	Video Session 11 Oncology	Video Session 12 Endometriosis	Video Session 13 Laparoscopy	ESGE Complications Uncovered

Exhibit Hall
Box Lunches • 12:00 pm – 2:00 pm
Experience Theater • 12:30 pm –1:15 pm • Medtronic (Theater 1), Ziwig (Theater 2)

General Session V: AAGL MED Talk V • Panel: Physical Therapy and MIGS • 2:00 pm – 3:00 pm • Ballroom A

3:15 pm – 4:15 pm	CME Panel 6 AI in Gyn Surgery	CME Panel 7 Imaging	CME Surgical Tutorial 6 Endometriosis	Oral Session 6 Hysteroscopy	Oral Session 7 New Instrumentation	Video Session 14 Endometriosis	Video Session 15 Robotics	Video Session 16 Reproductive Surgery	BSGE AI in Endometriosis
4:30 pm – 5:30 pm	CME Panel 8 Education	CME Panel 9 Allied Healthcare	CME Surgical Tutorial 7 Robotics	Oral Session 8 Pelvic Pain	Oral Session 9 Various	Video Session 17 Fibroids	CME Panel 10 Hormone Replacement Therapy	Special Event Patient Education Panel: Pelvic Pain	IAGE Hystero-Laparoscopy

CME/Needs Assessment

Accreditation Information

The AAGL is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The AAGL designates this live activity for a maximum of 21.5 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABOG Continuing Certification: Diplomates who complete this approved quality improvement activity are eligible to receive Part IV Practice Improvement credit for the American Board of Obstetrics and Gynecology (ABOG) Continuing Certification (CC) program.

ADA Statement: In accordance with the Americans with Disabilities Act (ADA), please contact CMEsupport@aagl.org should you require any special assistance.

The American College of Obstetricians and Gynecologists will recognize this educational activity. To apply for cognates, please use the "Submit Cognate Activity" button on the ACOG website at: https://www.acog.org/education-and-events/cme-program/cognate-program.

The American Nurses Credentialing Center (ANCC) accepts *AMA PRA Category 1 Credits*™ toward recertification requirements. Please check with your state licensing board for more information.

The American Academy of Physician Assistants (AAPA) accepts *AMA PRA Category 1 Credits*™ from organizations accredited by the ACCME. Please check with your state licensing board for more information.

International Attendees: International physicians and healthcare professionals attending the AAGL Global Congress from outside the United States may be eligible to claim *AMA PRA Category 1 Credits*™. Many countries recognize these credits through agreements between their national accrediting bodies and U.S. based organizations such as the American Medical Association (AMA) and the Accreditation Council for Continuing Medical Education (ACCME).

Please visit this link for more information: https://accme.org/about-accreditation/countries-accepting-accme-accredited-cme/

Continuing Medical Education

This symbol CME indicates a postgraduate course or session that qualifies for CME credit.

By developing educational courses in minimally invasive gynecologic surgery (MIGS), we hope to increase the use of MIGS and reduce morbidity and complication rates associated with these procedures.

Practice Gap: There is generally insufficient benign minimally invasive surgical training during a physician's formal Ob/Gyn residency education, as well as difficulty in acquiring formal training once a physician has entered attending medical practice. Gynecologists who desire to advance their skills and knowledge in MIGS need a forum to learn from experts in the field and the opportunity to put newly gained knowledge into practice. Additionally, most gynecologists do not have a sufficient annual volume of MIGS procedures to maintain proficiency. The AAGL Annual Global Congress on MIGS provides formal educational opportunities, such as surgical tutorials and simulation labs for gynecologists to gain post-residency training experience and proficiency in advanced laparoscopy, robotics, hysteroscopy, abdominal and vaginal surgery for complex benign gynecologic conditions. These conditions include but are not limited to uterine fibroids, adenomyosis, endometriosis, benign adnexal neoplasms and masses, and chronic pelvic pain. Our learners gain knowledge in best practice guidelines for evaluating and selecting the appropriate medical and/or surgical treatment plans for women presenting with complex, benign gynecologic conditions as those listed above. This includes gaining expertise not only in complex surgical pathology but also appropriately managing higher risk patients with complicated medical and surgical history. This formal continuing medical education training in MIGS is especially important since minimally invasive approaches to surgery have been shown to reduce post-surgical complication rates, reduce hospital length of stay, decrease intraoperative blood loss, reduce postoperative pain, and reduce morbidity and mortality rates associated with traditional procedures

Gap Analysis: MIGS procedures are aimed at preserving the highest possible quality of life for women by using smaller and fewer incisions, reducing pain and trauma to the body, and enabling quicker recovery. Optimizing patient safety and outcomes through MIGS often requires gynecologists to commit to formal post-residency fellowship training since they are not routinely taught during residency training. In addition, they must commit to lifelong learning to attain specialized skills in pelvic surgery and stay current with newly developed technologies and instrumentation. Since training varies, is often performed in a manner that is not standardized, and is subject to bias, it is vital that gynecologists achieve procedural mastery through informed surgical coaching and feedback.

Planning the Intervention: The goal of our intervention is for gynecologists to acquire and/or advance their skills in MIGS through Continuing Medical Education (CME), organized into both didactic and hands-on sessions. Open forums will be integrated throughout the AAGL Global Congress sessions to further stimulate interaction between faculty and learners.

Proposed Method:

I. Create awareness of the role MIGS plays and review the current literature relative to MIGS
II. Host simulation labs that will show participant MIGS techniques.
III. Offer surgeons with MIGS experience the opportunity to refine their skills and technique in robotic-assisted, traditional laparoscopic, and vaginal surgery
IV. Review the fundamentals of laparoscopic suturing, from basic to advanced
V. Engage learners through multiple modalities including didactic lectures, video presentations, demonstrations, and supervised simulation lab surgeries
VI. Spread MIGS awareness and knowledge both nationally and worldwide to not only foster the development of future courses, but also create fruitful professional relationships among gynecologists who are willing to commit to this lifelong learning process
VII. Maximize the return of each annual Global Congress through a survey of attendees regarding how their newly acquired knowledge and skills will impact their practice

Objectives: *At the conclusion of the course, participants should be able to:*

I. Apply up-to-date clinical practice/guidelines, research and techniques in the field of minimally invasive gynecologic surgery for best practice and optimizing healthcare for patients.
II. Acquire hands-on experience in various MIGS approaches including hysteroscopy, traditional laparoscopy, robotic-assisted surgery, single-port surgery, and vaginal surgery.
III. Employ minimally invasive surgical techniques for procedures such as hysterectomy, myomectomy, ovarian/adnexal cystectomy, pelvic floor repair, excision/treatment of endometriosis and advanced hysteroscopic techniques.
IV. Demonstrate the skills needed for proficiency in objectives II and III.

CME/Needs Assessment *Continued*

V. Gain knowledge in complications for MIGS to better prevent, avoid, and manage complications.
VI. Demonstrate and enhance research presentation and publication skills.
VII. Explore intersections in clinical practice between surgical gynecology and other disciplines such as obstetrics, oncology, reproductive medicine, pediatrics, and adolescent medicine.
VIII. Provide cultural, ethnically, and sociologically inclusive clinical care.

Additional Barriers and Possible Solutions:

Barrier: MIGS procedures often require advanced surgical skills and adequate surgical experience to perform them safely. Therefore, the course participants may not be able to utilize the techniques immediately or adequately upon completion of this course.

Possible Solution: Continue to provide physicians with additional education and the resources they need to elevate their practice in gynecology while increasing their skills in minimally invasive gynecology.

Barrier: Literature states that "Racial and ethnic disparities in access to minimally invasive gynecologic surgery for benign pathology exist and these differences are not fully accounted for by patient, socioeconomic, or healthcare infrastructure factors. Initiatives that incentivize hiring surgeons trained to perform complex gynecologic surgery, standardized pathways for route of surgery, quality improvement focused on increased hospital MIS volume, and hospital-based public reporting of MIS volume data may be of benefit for minimizing disparities ([1])."

Possible Solution: "Initiatives to reduce disparities need to address racism, implicit bias, and healthcare structural issues that perpetuate disparities ([1])." AAGL continues to include content to address cultural considerations in care, disparities in care, and implicit bias when planning accredited education with the hope that learners develop and implement strategies to address unintended biases in decision making and health care disparities.

Code of Conduct

AAGL is committed to providing a friendly, safe, supportive, and harassment-free environment during the Global Congress. AAGL expects Congress participants to respect the rights of others and communicate professionally and constructively, whether in person or virtually, handling disagreement with courtesy, dignity, and an open mind. All participants are expected to observe these rules of conduct in all Global Congress venues. Organizers will actively enforce this code throughout this event. Violations are taken seriously. If an attendee or participant engages in inappropriate, harassing, abusive or disruptive behavior or language, the AAGL has the right to carry out any action it deems appropriate.

What to Do

If you have any concerns about an individual's conduct, please go to the AAGL Registration Counter for the procedure to follow to report the incident.

Age Restriction

Children under 16 years of age are not permitted in sessions and workshops but may be allowed into the Exhibit Hall if accompanied by an adult.

Audio-Visual Recording

Video- and audio-recording of sessions by congress attendees is strictly prohibited. Registration, attendance, or participation in AAGL meetings, Congress, and other activities constitute an agreement that allows AAGL to use and distribute your image or voice in all media. If you have questions about this policy, please visit the AAGL Registration Counter.

Anti-Harassment Statement

AAGL encourages its members to interact with each other for the purposes of professional development and scholarly interchange so that all members may learn, network, and enjoy the company of colleagues in a professional atmosphere. Consequently, it is the policy of the AAGL to provide an environment free from all forms of discrimination, harassment, and retaliation to its members and guests at all regional educational meetings or courses, the annual Global Congress (i.e., annual meeting), and AAGL-hosted social events (AAGL sponsored activities). Every individual associated with the AAGL has a duty to maintain this environment free of harassment and intimidation.

Reporting an Incident

AAGL encourages reporting all perceived incidents of harassment, discrimination, or retaliation. Any individual covered by this policy who believes that they have been subjected to such an inappropriate incident has two (2) options for reporting:

1. By toll free phone to AAGL's confidential third-party hotline: (833) 995-AAGL (2245) during the AAGL Global Congress or Regional Meeting.
2. By email or phone to: The Executive Director, Linda Michels, at lmichels@aagl.org or (714) 503-6200.

All people who witness potential harassment, discrimination, or other harmful behavior during AAGL sponsored activities are expected to report the incident and be proactive in helping to mitigate or avoid that harm and to alert appropriate authorities if someone is in imminent physical danger. For more information or to view the policy please visit https://aagl.org/wp-content/uploads/2022/10/AAGL-Anti-Harassment-Policy.pdf.

(1) Barnes, Whitney & Carter-Brooks, Charelle & Wu, Catherine & Acosta, Danilo & Vargas, M.V. (2021). Racial and ethnic disparities in access to minimally invasive gynecologic surgery for benign pathology. Current opinion in obstetrics & gynecology. Publish Ahead of Print. 10.1097/GCO.0000000000000719.

Registration Fees and Pricing

Your Global Congress Experience Includes

- Over 20.5 CME Credits.
- Access to 25 Postgraduate Lab and Didactic Courses.
- Congress General Sessions, Plenary Sessions, "Ted" Style AAGL MED Talks, Panels, Surgical Tutorials, Oral and Video Presentations, and Virtual Posters.
- Exhibit Hall and Opening Reception showcasing the most innovative companies and products in MIGS.
- Food and Beverage Events including: Exhibit Hall Box Lunch, Light Breakfast Each Day, and Morning and Afternoon Beverage Breaks
- Networking and Industry Hosted Experience Theaters and Evening Symposia and other AAGL Sanctioned Events.
- Access to the online Scientific Program and JMIG Abstract Supplement book.
- Access to AAGL's Virtual Venue, Mobile App, Scheduling Tool, and Networking Platform.

In-Person/Virtual Registration Fees

CATEGORY	AAGL MEMBER	NON MEMBER*
Physician Developed Country	$1,375	$1,820
Physician Emerging Market**	$975	$1,175
Resident***/Fellow, Allied Health, Retired	$925	$990
Medical Student ****	$350	$350

**Nonmember rate includes one year membership in AAGL.*
***Discounted rate for physicians whose countries are on the World Bank list of Emerging Countries. Your registration will be verified.*
****Proof of residency required.*
*****Full-time medical students and full-time graduate students working toward first doctorate; documentation require.*

Add-On Ticket Options

TYPE	PRICE
Didactics	Included
Suturing Lab (Limited seats available)	$275
Postgraduate Lunch	$65 per day
Guest Fee	$150 per person
The President's Gala - A Speakeasy Soiree	$175 per person/$275 onsite
Foundation Awards Event and Fundraiser*	$150 per person /$2,000 table of 10

Guest Policy

A name badge is required for guests attending AAGL25 and must be worn at all AAGL events/sessions. A $150 guest fee applies and includes entry to:

- Opening General Session – Sunday, November 9
- Welcome Reception in the Exhibit Hall – Sunday, November 9
- Entrance to the Exhibit Hall Sunday, November 9 - Tuesday, November 11

Separate ticket fees apply for Exhibit Hall lunches, the President's Gala and the Foundation Awards Event. All attendees must be a registered attendee or guest to participate. Please include your guest's name during the registration process. Additional tickets may be purchased at the onsite registration desk but are not guaranteed if event is sold out in advance.

Cancellation Policy

Cancellations must be submitted in writing and received on or before October 9, 2025. You will be refunded less a $150 administrative fee. No refunds can be granted after this date. Unfortunately, refunds cannot be granted for no-shows, however, you will have access to all the on-demand content until January 31, 2026. Note: Cancelling your registration does not automatically cancel your hotel reservation. To cancel your hotel reservation, please refer to the hotel cancellation policy in your hotel confirmation email and contact the hotel directly. Failure to arrive on your scheduled arrival date may result in a penalty. AAGL is not responsible for failure to check-in on your scheduled day of arrival and cannot guarantee availability onsite. If you have any questions, please contact Gerardo Galindo via email: ggalindo@aagl.org or phone to 714-503-6205.

On-Site Registration Desk and Information

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4. Click on the Login button sent in your email. Be sure to click "Allow Notifications."

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Onsite Registration Desk

Level 1 Foyer

HOURS

Saturday	Sunday	Monday	Tuesday
NOVEMBER 8	NOVEMBER 9	NOVEMBER 10	NOVEMBER 11
8:00 am–5:00 pm	7:00 am–6:00 pm	8:00 am–5:00 pm	8:00 am–2:00 pm

Speaker Ready Room

Room 208

HOURS

Friday	Saturday	Sunday	Monday	Tuesday
NOVEMBER 7	NOVEMBER 8	NOVEMBER 9	NOVEMBER 10	NOVEMBER 11
3:30 pm –5:30 pm	8:15 am–5:30 pm	8:15 am–5:30 pm	8:45 am–6:15 pm	8:45 am–4:30 pm

Mother's Lounge

Room 216

Nursing mothers are invited to utilize the Mothers' Lounge Friday - Tuesday.

HOURS

Friday	Saturday	Sunday	Monday	Tuesday
NOVEMBER 7	NOVEMBER 8	NOVEMBER 9	NOVEMBER 10	NOVEMBER 11
8:00 am–4:00 pm	8:00 am–5:00 pm	7:00 am–6:00 pm	8:00 am–5:00 pm	8:00 am–5:00 pm

Exhibit Hall & Events

EXPLORE, ENGAGE, ENJOY

Exhibit Hall B

Welcome Reception
Sunday • 5:00 pm – 7:00 pm

Join us in the AAGL Booth (#637)

SUNDAY – TUESDAY
November 9-11

Experience Theaters
Where Knowledge and Technology Come to Life

Food & Beverage
Breakfast, Lunch & Beverages

Portrait Studio
Booth #543

Sunday • 5:00 pm – 7:00 pm
Monday & Tuesday
8:00 am – 10:00 am & 12:00 pm – 2:00 pm

AAGL Booth #637

Celebrating Vancouver Corner
Showcasing the wonders of Vancouver

- Locally sourced wellness products on display
- Tales of the area's rich history and must-see sites

Giveaways

- Savory treats from Vancouver will be featured each day.
- Show your President's Gala ticket for a 1920s accessory to complete your Speakeasy look.
- Unique keepsakes to make your traveling easier.

EMIGS Demonstrations

- Practice your Surgical Skills at the EMIGS Demonstration Station

Relax with a refreshing beverage at the Surgeon Sip Lounge.

Special Events

AAGL
THE FOUNDATION OF THE AAGL

AAGL'S FOUNDATION AWARDS CELEBRATION & FUNDRAISING EVENT

CELEBRATING EXCELLENCE IN MIGS

Sunday, November 9
8:00 pm – Midnight
Ballroom AB

AAGL

THE PRESIDENT'S GALA
A SPEAKEASY SOIREE

Monday, November 10
8:00 pm – Midnight
The Vancouver Club

Welcome to the

Vancouver Convention Centre

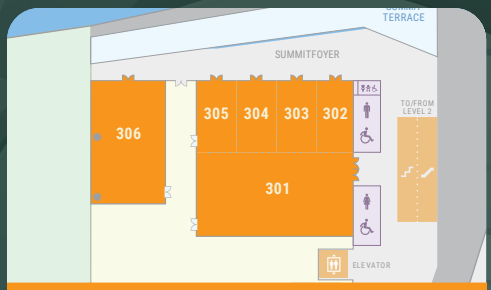
1055 Canada Pl
Vancouver, British Columbia
V6C 0C3, Canada

West Level 2

Rooms 202-211:
PG Courses &
Surgical Tutorials

Rooms 212-219:
Debates, Oral Sessions
& PG Courses

Rooms 220-224:
Video Sessions, Panels
& Patient Education



West Level 3

Rooms 301-305:
Industry Symposium
FMIGS Graduation

Room 306:
Wellness Activities
(Sound Bath)

West Level 1

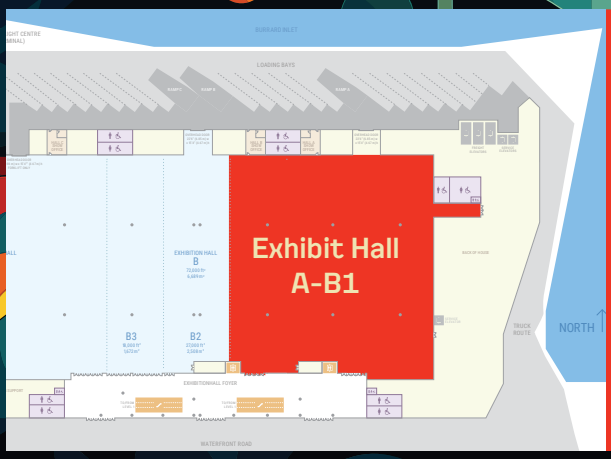
Ballroom A-B:
Main Plenary &
General Sessions

Ballroom D:
Wellness (Yoga) &
PG Networking Luncheon

Room 109:
Anatomy Observational Lab

Room 118:
Robotics Symposium

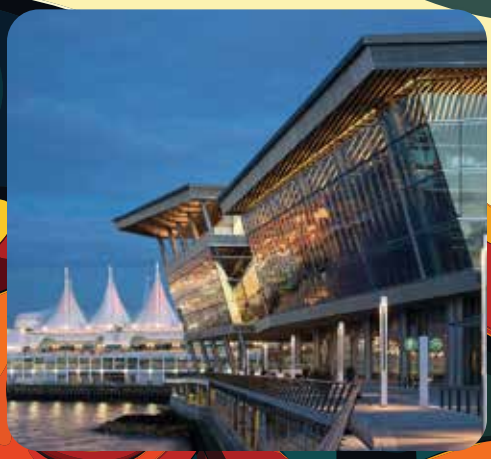
Room 121:
Hands-On Suturing Labs



West Exhibition Level

Exhibit Hall A - B1:
Exhibitor Booths,
Daily Breakfast & Lunch,
Welcome Reception

Experience Theaters 1 & 2:
Industry Presentations



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General Session
Ballroom AB

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Apply for the 2027–2029

AAGL Complex Benign Gynecology Fellowship

(Formerly the Fellowship in Minimally Invasive Gynecologic Surgery)

The Complex Benign Gynecology Fellowship located in 60 hospital sites across 7 countries, provides 2- and 3- year comprehensive training programs for certification in advanced gynecologic endoscopy.

- In depth, evidence-based training with state-of-the-art techniques to best benefit your patients and establish yourself as a specialist.
- Expand your leadership skills and elevate your academic contributions.
- Broaden your professional network by becoming part of a 700+ Alumni Community.

Applications Open February 1, 2026 - May 1, 2026

New Name, New Opportunities

AAGL FELLOWSHIP

FMIGS Fellows BootCamp • Friday, November 7, 2025

7:40 am – 4:40 pm

Rooms: 116-121
By Invitation for FMIGS Fellows only.

Co-Chairs: *Mark W. Dassel, Michelle Y. Louie*

Complex Pelvic Pain – Chair: *Janelle K. Moulder, Co-Chairs: Eva M. Reina, and Ashley L. Gubbels*

Faculty: *Richard H. Cockrum, Mark W. Dassel, Nita A. Desai, Yolianne A. Lozada Capriles, Taylor J. Norton, Adeoti E. Oshinowo, Anna E. Reinert, and Gabrielle T. Whitmore*

Advanced Hysteroscopy – Chair: *Jessica K. Shields, Co-Chair: Jovana Tavcar*

Faculty: *Meenu Agarwal, Vidya V. Bhat, Amanda J. Bush, Hannah M.W. French, Keith B. Isaacson, Christina M. Johnson, Alka Kumar, Stephanie N. Morris, Malcolm G. Munro, Anne E. Porter, Erica F. Robinson, James K. Robinson, III, Christina A. Salazar, Ja Hyun Shin, and Tanvir Singh*

Laparoscopic Suturing – Chair: *Pooja S. Vyas*

Faculty: *Rebecca S. Barbaresso, Liron Bar-El, Katharine M. Ciesielski, Alexandria E. Connor, Thomas Gallant, Ghadear H. Shukr, Kacey M. Hamilton, Trina Mansour, Mary M. McKenna, Shivani Parikh, Himabindu G. Reddy, Kelly L. Ryan, Chelsie L. Warshafsky, Katie W. Zeng, and Wenjia Zhang*

Simulation Education: *Chair: Mireille D. Truong*

Faculty: *Morning Session: Christine E. Foley, Isabel C. Green, and Hilary R. Haber*

Faculty: *Afternoon Session: Laura Matthews Glaser, Kathryn E. Goldrath, Adeoti E. Oshinowo, and Isabel C. Green*

Course Goals:

The goal of this course is to enhance the education of AAGL FMIGS fellows and to prepare the Fellow for a successful and thriving subspecialty practice in the field of Complex Gynecology.

Course Description:

This two-day course is comprised of one day of hands-on activities, including simulation and guided case learning at four stations, followed by one half-day of didactics. Our mission is to further educate fellows in the practical and theoretical applications of laparoscopic suturing, advanced hysteroscopy, surgical education simulation, and chronic pelvic pain in addition to providing educational content about career development, above and beyond what fellows are expected to have learned as part of their AAGL FMIGS Fellowship. Oral presentations include fundamental and innovative content at each interactive session. Written materials to summarize objectives and key learning points are also provided. Faculty will provide hands-on assistance for technical skill development and refinement. Each learning module is designed to maximize learner participation and engagement and provide uniform education that focuses on the most fundamental and complex topics in the AAGL FMIGS curriculum.

QUICK LOOK GENERAL SCHEDULE

	1A	1B	2A	2B
Session 1	LSC SUTURING	CPP	ADV HSC	SIM ED
Session 2	CPP	LSC SUTURING	SIM ED	ADV HSC
Session 3	ADV HSC	SIM ED	LSC SUTURING	CPP
Session 4	SIM ED	ADV HSC	CPP	LSC SUTURING

1= First Years 2= Second and Third Years

COURSE OUTLINE

6:30 am	Registration – Level 1 Registration Desk	
7:00 am - 7:30 am	Breakfast – Ballroom D	
Rooms 116-121		
7:40 am – 7:55 am (15 min)	Introductions and Course Overview	
7:55 am – 8:00 am (5 minutes)	Transition to First Station	
8:00 am – 9:30 am (90 minutes)	**Session #1**	
	Laparoscopic Suturing	1A
	Chronic Pelvic Pain	1B
	Advanced Hysteroscopy	2A
	Simulation Education	2B
9:30 am – 9:40 am (10 minutes)	Transition to Next Station	
9:40 am – 11:10 am (90 minutes)	**Session #2**	
	Laparoscopic Suturing	1B
	Chronic Pelvic Pain	1A
	Advanced Hysteroscopy	2B
	Simulation Education	2A
11:10 am – 11:15 am (5 minutes)	Transition	
11:20 am – 12:20 pm (60 minutes)	LUNCH + MINGLING	ALL
12:20 pm – 12:30 pm (10 minutes)	Transition to Next Station	
12:30 pm – 2:00 pm (90 minutes)	**Session #3**	
	Advanced Hysteroscopy	1A
	Simulation Education	1B
	Laparoscopic Suturing	2A
	Chronic Pelvic Pain	2B
2:00 pm – 2:10 pm (10 minutes)	Transition to Next Station	
2:10 pm – 3:40 pm (90 minutes)	**Session #4**	
	Simulation Education	1A
	Advanced Hysteroscopy	1B
	Chronic Pelvic Pain	2A
	Laparoscopic Suturing	2B
3:40 pm – 3:50 pm (10 minutes)	Transition	
3:50 pm – 4:00 pm (10 minutes)	Wrap Up and Survey	
4:00 pm – 4:40 pm (40 minutes)	Suturing Competition and Champagne Toast	
4:30 pm – 4:40 pm (10 minutes)	Informal Networking with YAN Members	
4:40 pm	Day 1 Concludes	

FMIGS Fellows, You Are Invited:

Young Alumni Network (YAN) Social Event

November 7th, 2025 at 6:30 PM

Mahony's Tavern - Convention Center

Vancouver Convention Centre West Building, Burrard Landing

1055 Canada Pl #36, Vancouver, BC V6C 0C3, Canada

FMIGS Fellows BootCamp • Saturday, November 8, 2025

Faculty: *Elizabeth Gagliardi, Bruce H. Jackson, Michelle Y. Louie, Todd Salac, Lauren D. Schiff, and Jacqueline M.K. Wong*

1st Years

6:45 am - 7:50 am	**Breakfast with the Professor – Roundtable discussions Vancouver Convention Centre Ballroom D**	
	Flying Solo: Thriving as a MIGS Division of "One"	Yolianne A. Lozada Capriles Pooja S. Vyas
	Building Your Dream Practice: The Power of Collaborative Relationships	Kimberly A. Kho Jessica K. Shields
	Weaving Research into Your Career: Practical Strategies for Busy Clinicians	Isabel C. Green
	Teaching in the OR as a New Attending	Adeoti E. Oshinowo
	Crushing Impostor Syndrome: Strategies to Reclaim Your Confidence	Jacqueline M.K. Wong
	Charting Your Path to Executive Healthcare Leadership	Lauren D. Schiff
	People, Place, Patients: Choosing the Right Job Fit	Mireille D. Truong

Room 220

8:00 am – 9:15am (75 minutes)	Communication in the Operating Room	Michelle Y. Louie
9:15 am – 10:00 am (45 minutes)	Employment Structures and Compensation Models	Elizabeth Gagliard
10:00 am – 10:30 am (30 minutes)	Disability Insurance	Todd Salac
10:30 am – 10:45am (15 minutes)	Break	
10:45 am – 11:30 am (45 minutes)	MIGS Ergonomics - How to Work Smarter	Jacqueline M.K. Wong
11:30 am – 12:15pm (45 minutes)	How to Survive a Deposition	Lauren D. Schiff

2nd/3rd Years

6:45 am - 7:30 am	**Breakfast at the Vancouver Convention Centre Ballroom D**	
7:30 am – 12:00 pm	Maximizing Wellness and Avoiding Burnout **Room 219**	Bruce H. Jackson
4:30 pm – 6:00 pm	ABOG on Complex Benign Gynecology Specialty Accreditation Presentation **Room 203**	
6:30 pm – 7:30 pm	FMIGS Class of 2025 Graduation	
7:30 pm – 8:30 pm	Graduation Cocktail Reception	

Diplomates who complete this approved simulation activity are eligible to receive Part IV Practice Improvement credit for the American Board of Obstetrics and Gynecology (ABOG) Continuing Certification program.

NOTE: Your participation will be reported to ABOG following the FMIGS Bootcamp. Please allow 4 weeks for this process.

Commercial Support

AAGL/FMIGS Fellows Bootcamp – November 7-8, 2025 (non-CME)

AAGL acknowledges that it has received educational grants and/or in-kind support from the following companies: Hologic, Inc., Inovus Medical, KARL STORZ Endoscopy-America, Inc., Medtronic, Richard Wolf Medical Instruments Corporation, and Olympus America Inc.

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AAGL FELLOWSHIP

Congrats FMIGS!

CLASS OF 2025

Graduation Ceremony

Saturday, November 8, 2025

6:30 PM–8:30 PM

Vancouver Convention Centre

ROOM 302

6:30 pm	**Welcome and Introduction:** *Ted L. Anderson, MD, PhD, AAGL President*
6:35 pm	**Foundation of the AAGL Awards:** *Hye-Chun Hur, MD, MPH, FMIGS President* *Lori Warren, MD, FAAGL President*
6:40 pm	**Presentation of Certificates to Class of 2025** *Hye-Chun Hur, MD, MPH, FMIGS President*
7:30 pm	**Cocktail Reception**

Thank You!

OLYMPUS

FOR YOUR SUPPORT

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HSC-601
Intra Uterine Surgery: The Endometrium Optimization and Impact on Obstetric Outcomes

9:15 am-12:00 pm
Room: 203
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Alka Kumar, Erica F. Robinson*
Faculty: *Luis Alonso Pacheco, J. Preston Parry*

This course provides a comprehensive review evaluating the uterine cavity with special focus on the endometrium. The endometrium, is derived from the mucosal lining of the fused Mullerian ducts. It is essential for reproduction and may be one of the most complex tissues in the human body. Videos and images of the Endometrium from Normal to Abnormal, Benign Lesions, Chronic Endometritis, Endometrial Hyperplasia, to evidence-based practices that have an impact on the obstetric outcomes shall be covered. In addition, we will discuss the role of Hysteroscopy as a diagnostic tool for evaluating the uterine cavity and endometrium with higher predictive ability in detecting the Endometrial Pathologies. The course will demonstrate high quality evidence and video presentations related to Hysteroscopic Markers of Chronic Endometritis and other Benign Endometrial pathologies.

Learning Objectives: *At the conclusion of this course, the participant will be able to:* 1) Employ the role of hysteroscopy in evaluating the endometrium with higher predictive ability in detecting various Endometrial Pathologies; 2) Identify hysteroscopic markers of chronic endometritis tubercular and non-tubercular on diagnostic hysteroscopy; and 3) Evaluate repeated implantation of failure and endometrial association.

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *A. Kumar*
9:20 am	The Endometrium: A Visual Journey From Normal to Abnormal *L. Pacheco*
9:45 am	Chronic Endometritis: Histology to Hysteroscopy Markers to Histology *A. Kumar*
10:10 am	Endometrium and Repeated Implantation Failure: Evidence Based Practice and Obstetrics Outcomes *E. Robinson*
10:35 am	The Endometrium and Infertility: It's Not Just About the Embryo *J. Parry*
11:00 am	Discussion Questions & Answers
11:15 am	Pediatric and Adolescent Gynecology SIG Town Hall
12:00 pm	Adjourn

PAGS-602
Congenital Anomalies and Complex Pediatric Surgical History: A Roadmap for the MIGS Surgeon

9:15 am – 12:00 pm
Room: 206
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Stephanie M. Cizek, Krista Childress*
Faculty: *Allison Mayhew, Lissa X. Yu*

This course provides a comprehensive review of anatomic differences and surgical histories in childhood that may impact future care by the gynecologic surgeon. This course will review A) complex congenital anatomy affecting the pelvis such as anorectal malformations/exstrophy, renal anomalies, Mullerian anomalies, or intersex/Difference of Sex Development (DSD) conditions, and B) the childhood surgeries to address these conditions which the adult gynecologic surgeon may later encounter, such as vaginoplasty/genitoplasty procedures and bowel/bladder conduits. We will use case-based discussion to review relevance of these findings to menstruation, pelvic pain, penetrative vaginal intercourse, and pregnancy/obstetrical outcomes likely to be encountered by adult gynecologic surgeons and provide a toolkit for clinical questions and surgical planning when managing patients with complex pelvic medical and surgical histories.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Evaluate a patient's pediatric medical and surgical history and identify "red flags" that will impact adult gynecologic surgical management; 2) Identify key questions necessary to assess a patient's history regarding voiding, stooling, and previous surgery to identify what partnership may be needed in the comprehensive care of these patients; and 3) Choose the appropriate individualized patient counseling and surgical management for these various congenital conditions.

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *S. Cizek*
9:20 am	Bladder Concerns and Surgical Implications: Congenital Differences e.g. Bladder Exstrophy, Surgical Treatments e.g. Mitrofanoff, Neovagina (graft/nongraft)/Genital Surgery *S. Cizek*
9:45 am	Pediatric Congenital Anorectal/Urogenital Anomaly Anatomy Review and Associated Mullerian Anomalies *K. Childress*
10:10 am	Bowel Management and the Anorectal Malformation Patient: Early Interventions Such As Psarp, Later Care e.g. Bowel Conduits and Vaginal/Genitoplasty Revisions *L. Yu*
10:35 am	Other Pediatric Surgical Considerations: NEC, hx VP Shunt, Kidney Transplant, Horseshoe Kidney, Extra Ureter *A. Mayhew*
11:00 am	Discussion Questions & Answers
11:15 am	Hysteroscopy SIG Town Hall
12:00 pm	Adjourn

PELV-603

Tech Trends in the Care Continuum of Chronic Pelvic Pain Patients: A Roadmap to Innovation

9:15 am – 12:00 pm
Room: 211
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Adrian C. Balica, Nucelio Lemos*
Faculty: *Aakriti R. Carrubba, Gil Dubernard*

This course explores the transformative impact of emerging technologies on the care continuum for chronic pelvic pain patients, aligning with the AAGL's mission of driving innovation in gynecologic care. Chronic pelvic pain, a complex and deeply individualized condition, demands a personalized approach. This course mirrors the patient journey from history-taking and physical examination to diagnosis and treatment, by integrating novel tools such as AI-powered electronic health records and imaging, simulation-based training, incisionless high intensity focused ultrasound (HIFU) and patient-centric digital applications. Participants will discover how these technologies not only improve diagnostic accuracy and therapeutic outcomes but also enhance the physician-patient relationship by fostering a more personalized and efficient care experience.

Learning Objectives: *At the end of this course, the participant will be able to:*
1) Integrate AI driven smartphone-based apps and EHR platforms to enhance pelvic pain patient care; 2) Enhance pelvic floor examination skills and improve diagnostic confidence; and 3) Apply the innovative therapeutic interventions in the treatment of chronic pelvic pain.

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *A. Balica*
9:20 am	Transforming Pelvic Pain Care: AI-Driven Smart Phone Apps and EHR Platforms *A. Balica*
9:45 am	Neuropelveology and Targeted Therapy Delivery *N. Lemos*
10:10 am	Simulation Guide for Pelvic Floor Examination in Chronic Pelvic Pain Patients *A. Carrubba*
10:35 am	Deep Learning for Deep Endometriosis: An Ultrasound Journey from Diagnostic to Therapeutics *G. Dubernard*
11:00 am	Discussion Questions & Answers
11:15 am	Fibroids SIG Town Hall
12:00 pm	Adjourn

FIBR-604

On the Cutting Edge: Advances in Fibroids

9:15 am – 12:00 pm
Room: 212
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Scott G. Chudnoff, Arleen Song*
Faculty: *Obianuju S. Madueke-Laveaux, Kristen J. Pepin*

This course, presented by the Fibroid Special Interest Group (SIG) at the AAGL conference, explores cutting-edge advancements in fibroid care to enhance diagnosis, treatment, and patient outcomes. Attendees will delve into the transformative role of artificial intelligence (AI) in fibroid detection and management, gaining insights into its application for improving diagnostic accuracy and optimizing therapeutic decisions. Updates on the latest discoveries in fibroid genetics will be discussed, highlighting their implications for understanding pathophysiology and identifying novel therapeutic targets. Additionally, the course will emphasize the role of precision medicine in tailoring individualized treatment plans that align with patient preferences, clinical needs, and long-term goals. Through a combination of expert-led presentations and interactive discussions, participants will acquire actionable knowledge to integrate these innovations into their clinical practice, advancing the standard of care for fibroid management..

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the transformative role of artificial intelligence (AI) in fibroid detection and management; 2) Provide updates on the latest discoveries in fibroid genetics; and 3) Review the role of precision medicine in tailoring individualized treatment plans.

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *S. Chudnoff*
9:20 am	Latest Discoveries in Fibroid Genetics *S. Chudnoff*
9:46 am	Transformative Role of Artificial Intelligence (AI) and Advanced Ultrasound Technology in Fibroid Detection and Management *O. Madueke-Laveaux*
10:12 am	Surgical Intelligence: AI's Emerging Role in Fibroid Surgery *A. Song*
10:38 am	Precision Medicine: Creating Individualized Plans for Patients Using Multiple Modalities *K. Pepin*
11:04 am	Discussion Questions & Answers
11:15 am	Pelvic Pain SIG Town Hall
12:00 pm	Adjourn

Postgraduate Networking Lunch
12:15 pm – 1:15 pm • Ballroom D

URO-605
Urogynecologic Skills for the Gynecologic Specialist

1:30 pm – 4:15 pm
Room: 203
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Lisa C. Hickman and Lauren Siff*
Faculty: *Jo Hill, Krista Reagan*

This course provides a comprehensive review of principles and techniques employed by urogynecologists that may not be in the typical arsenal of gynecologic specialists. This will include vulvar, vaginal and bladder procedures, relevant to the gynecologic specialist. Experts in urogynecology will educate on cystoscopic diagnoses and procedures, prophylactic apical support procedures and techniques for vaginal cuff closure, tricks for vaginal morcellating enlarged uteri and other vulvovaginal procedures such as vulvar surgery and injections. Videos will be utilized to reinforce techniques, relevant anatomy will be reviewed, and common diagnoses appreciated by (uro)gynecologists will be highlighted. Evidence-based review of these techniques will be highlighted when available. Time will be reserved for an "Ask the Experts" at the end and attendees will be encouraged to provide challenging cases in which the expertise of a urogynecologist may have been helpful.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Outline common cystoscopic diagnoses and understand basic bladder procedures; 2) Employ techniques for more efficient vaginal cuff closure, uterine morcellation, and prophylactic apical support procedures after hysterectomy; and 3) Recognize the relevant vulvovaginal anatomy and how it pertains to procedures being performed.

W COURSE OUTLINE

1:30 pm	Welcome, Introduction and Course Overview *L. Hickman*
1:35 pm	Tips and Tricks for Vaginal Cuff Closure/Removing Big Uteri *K. Reagan*
2:00 pm	Cystoscopy 201: Diagnostic Findings and How To's for Basic *Bladder Procedures* J. Hill
2:25 pm	Pelvic Floor Injections: Anatomy, Indications, and Techniques *L. Hickman*
2:50 pm	Considerations for Vulvar Surgery *L. Siff*
3:15 pm	Discussion Questions & Answers
3:30 pm	Urogynecology SIG Town Hall
4:15 pm	Adjournn

ROBO-606
Start-Up: Integrating Robotics Into Your Surgical Practice

1:30 pm – 4:15 pm
Room: 206
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Thiers Soares Raymundo, Michael T. Breen*
Faculty: *Jamal Mourad, Erica L. Stockwell*

Designed with a growth model mindset, this course is designed for gynecologic surgeons of all skill levels to build or expand upon their current robotics practice. Attendees will learn how to transition from a traditional or conventional laparoscopic practice to a robotics integrated practice, realize the benefit of robotics for specific cases, decide when to refer to a MIGS specialist, continually improve their skills, advance surgical efficiency, maximize the benefit of the dual console, appropriately utilize the available tools at hand and learn about current and up-and-coming robotic platforms for gynecologic surgery.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Integrate robotics into their surgical practice; 2) Improve robotic skills and efficiency in the OR; and 3) Utilize the tools at hand to maximize the benefits of robotic surgery.

COURSE OUTLINE

1:30 pm	Welcome, Introduction and Course Overview *T. Soares Raymundo*
1:35 pm	Start-Up: Integrating Robotics Into Your Surgical Practice *T. Soares Raymundo*
2:01 pm	Early Growth: Moving to the Right of the Bell-Shaped Curve in Robotic Surgery; Expansion: Maximizing Efficiency Within Robotic Gynecologic Surgery *M. Breen*
2:27 pm	Future Growth: Utilizing All of the Tools in the Toolbox, Now What? *E. Stockwell*
2:53 pm	Maturity: Benefits of Robotics for Specific Cases and Utilizing the Dual Console *J. Mourad*
3:19 pm	Discussion Questions & Answers
3:30 pm	Robotics SIG Town Hall
4:15 pm	Adjourn

IMG-607
Advanced Gynecologic Ultrasound for Surgeons: Integrating This Technology Into Your Clinical Practice

1:30 pm – 4:15 pm
Room: 211
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Sophia N. Palmer, Mathew Leonardi*
Faculty: *Alessandra Di Giovanni, Caterina Exacoustos, Yvette S. Groszmann*

This engaging course is designed for gynecologic surgeons who would like to incorporate, or enhance, their knowledge and expertise in advanced gynecologic ultrasound. As ultrasound technology evolves, it offers opportunities for more accurate and timely diagnoses of many gynecologic conditions. Gynecologic surgeons, with their clinical knowledge and surgical expertise, are uniquely positioned to integrate this technology into their practice offering patients earlier, more accurate diagnoses that can guide effective treatment plans. Through the use of case scenarios and expert-led presentations, participants will learn how to identify adnexal masses concerning for malignancy; distinguish myometrial disorders such as adenomyosis and fibroids; and review ultrasound diagnosis of endometriosis. The course will conclude with a fun and interactive session where participants can test their knowledge through the use of ultrasound media in a supportive and relaxed atmosphere.

Learning Objectives: *At the end of this course, the participant will be able to:*
1) Describe the criteria for diagnosis of adenomyosis on ultrasound; 2) Identify malignant ovarian features on ultrasound; and 3) Take a systematic approach to sonographic evaluation of the pelvis in women with suspected endometriosis.

COURSE OUTLINE

1:30 pm	Welcome, Introduction and Course Overview *S. Palmer*
1:35 pm	A Practical Guide for Identifying Concerning Ovarian Masses on Gynecologic Ultrasound *Y. Groszmann*
2:00 pm	SonoSleuths: Interactive Knowledge Test! *M. Leonardi*
2:25 pm	Myometrial Pathology on Ultrasound: How to Correctly Diagnose Adenomyosis and Uterine Fibroids *C. Exacoustos*
2:50 pm	Deep Endometriosis Ultrasound Mapping: Diagnostic Key Points for Proper Clinical and Surgical Management *A. Di Giovanni*
3:15 pm	Discussion Questions & Answers
3:30 pm	Advanced Gynecologic Ultrasound & Imaging SIG Town Hall
4:15 pm	Adjourn

ENDO-608
Fertility Focused Management of Endometriosis

1:30 pm – 4:15 pm
Room: 212
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Maria Victoria N. Vargas, Danielle E. Luciano*
Faculty: *Rebecca L. Flyckt, Grace M. Janik*

Currently, there is little understanding of precisely how endometriosis lesions cause infertility and a lack of consensus about when surgery is indicated in subfertility patients. This course, led by experienced endometriosis surgeons and reproductive endocrinology and infertility specialists, will present evidence-based data and insight on how to manage endometrioma, tubal disease, deep infiltrating endometriosis, and adenomyosis in the infertility population. This course will use images, videos and case examples to enhance the audience's ability to understand these concepts. Speakers will frame the course with best practices for adopting a patient-centered, personalized approach to treating infertility patients with endometriosis.

Learning Objectives: *At the end of this course, the participant will be able to:*
1) Develop a strategic approach to management of endometrioma and adenomyosis in the infertility population; 2) Discuss when surgery is indicated in the context of endometriosis related tubal disease and deep infiltrative endometriosis in the infertility population; and 3) Integrate strategies for patient centered counseling about infertility and endometriosis.

COURSE OUTLINE

1:30 pm	Welcome, Introduction and Course Overview *M. Vargas and D. Luciano*
1:35 pm	Management of Adenomyosis in the Infertility Population *D. Luciano*
2:00 pm	Management of Deep Endometriosis in the Infertility Population *M. Vargas*
2:25 pm	Management of Endometrioma in the Infertility Population *R. Flyckt*
2:50 pm	Management of Peritoneal Endometriosis With or Without Tubal Dysfunction in the Infertility Population *G. Janik*
3:15 pm	Discussion Questions & Answers
3:30 pm	Endometriosis SIG Town Hall
4:15 pm	Adjourn

ONC-609

Fertility Preservation Across the Lifespan: Current Practices, Techniques and Innovations

1:30 pm – 4:15 pm
Room: 219
Didactic | Fee: Included in Registration

CME

Co-Chairs: *Kate McCracken, Dario R. Roque*

Faculty: *Emma L. Barber, Serena Chan, Peter C. Lim, Kate McCracken*

This course (sponsored by the Pediatric and Adolescent Gynecology and Oncology Special Interest Groups) provides a comprehensive review of the principles and techniques of fertility preservation for patients facing gynecologic and non-gynecologic cancers. We will review how to provide comprehensive fertility preservation counseling that includes infertility risk stratification; illustrate fertility preservation techniques across multiple ages (children, adolescents, adults); and using video, demonstrate minimally invasive fertility preservation surgical techniques. Participants will learn about the role and indications to consider fertility-sparing surgical options, such as radical trachelectomy, ovarian transposition, and ovarian cystectomy.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Develop a framework for counseling patients and families on fertility preservation options, and describe surgical techniques for fertility preservation in the pediatric/adolescent population, including ovarian tissue cryopreservation; 2) Recognize the impact of a gynecologic cancer diagnosis, and the treatment, on fertility considerations; and 3) Implement the medical and surgical fertility sparing treatment options for women with cervical cancer and ovarian tumors.

COURSE OUTLINE

1:30 pm	Welcome, Introduction and Course Overview *K. McCracken*
1:35 pm	Fertility Preservation Options for Pediatric and Adolescent Patients *K. McCracken*
2:00 pm	Fertility Preservation Counseling and Risk Stratification *S. Chan*
2:25 pm	Fertility Sparing Options for Patients with Cervical Cancer *P. Lim*
2:50 pm	Fertility Sparing Options for Patients with Ovarian Tumors *E. Barber*
3:15 pm	Oncology SIG Town Hall
4:15 pm	Adjourn

MED TALKS Artificial Intelligence in Minimally Invasive Gynecologic Surgery CME

Jack Hibner

Sunday, November 9, 2025
3:55 PM – 4:10 PM

MED TALK I:
What is AI?

Ishai Levin, MD, MBA, BPharm

Monday, November 10, 2025
9:45 AM – 10:00 AM

MED TALK II:
Real-World Surgical Intelligence: How AI is Transforming Practice, Training, and Documentation

Maurício S. Abrão, MD, PhD

Monday, November 10, 2025
4:15 PM – 5:00 PM

MED TALK III:
Artificial Intelligence and Endometriosis: Evolving the Diagnostic Landscape

Gaby N. Moawad, MD

Tuesday, November 11, 2025
9:45 AM – 10:00 AM

MED TALK IV:
The Roadmap to Automated Surgery

Cheryl B. Iglesia, MD

Tuesday, November 11, 2025
2:00 PM – 2:15 PM

MED TALK V:
Fem Tech: The Evidence Behind Sexual Health Devices and Enhancers

Intuitive Surgical Robotics Forum

8:00 am – 12:00 pm • Room 118

Arnold Advincula, MD
FACOG, FACS
NYP-Columbia University Medical Center

Asha Bhalwal, MD
Memorial Hermann Hospital Texas Medical Center

Peter Lim, MD
Center of Hope Reno & Renown Regional Medical Center

Olga Muldoon, MD
AdventHealth Porter

8.6k+ dV Lifetime procedures including >575 dV5 cases

The Intuitive da Vinci Forum is intended to help gynecologic surgeons expand and optimize their use of da Vinci systems through discussion of intraoperative techniques, programmatic efficiencies, and utilization of available resources. The program will also cover implementation of da Vinci into resident and fellow training curricula. Attendees can expect an interactive program with opportunities to engage with faculty and network with their peers throughout the day.

Target Audience

Gynecologists who are incorporating robotics into their surgical practice.

Learning Objectives: *At the conclusion of the course, participants will be better able to:* 1) Describe safe & efficient operating room setup, trocar placement, and docking; 2) Review and evaluate surgical techniques and principles to enhance the performance of complex gynecologic procedures; 3) Cite ways to avoid & manage complications; and 4) Integrate technology and services to facilitate da Vinci gynecologic surgery.

Registrant Qualifications

To qualify as a registrant of the Intuitive da Vinci Gynecology Forum, registrants must meet the following minimum requirements:

- Access to a da Vinci X, Xi or da Vinci 5 generation system.
- Completed a minimum of 20 da Vinci procedures in the last 12 months utilizing a da Vinci X, Xi or 5 System, OR completed an Intuitive-led TR100 or above course in the last 3 months OR recently enrolled in an Intuitive Technical Training Pathway (TTP) with their Intuitive Clinical Sales representative with interest to perform da Vinci procedures.
- Consent to providing their name and hospital affiliation which Intuitive Surgical will use to confirm the registrant's da Vinci certification and number of da Vinci X, Xi, or dV5 procedures completed.

COURSE OUTLINE

8:00 am	Welcome *Arnold Advincula, MD*
8:15 am	Clear Sight: The Value of da Vinci for Endometriosis *Olga Muldoon, MD*
8:45 am	Simplifying the Complex: Practical Strategies in da Vinci Hysterectomy *Asha Bhalwal, MD*
9:15 am	Q&A *All Faculty*
9:45 am	Navigating Pelvic Floor Masses in da Vinci GYN *Peter Lim, MD*
10:5 am	Training the Future GYN Generation *Arnold Advincula, MD, Asha Bhalwal, MD, Olga Muldoon, MD*
10:45 am	Q&A *All Faculty*
11:00 am	Building a Total da Vinci GYN Practice *Olga Muldoon, MD*
11:15 am	DV5 and Advanced Tech - Tips & Pearls *All Faculty*
11:45 am	Close *Arnold Advincula, MD*

Sponsored by

INTUITIVE

SUTR-700
Advanced Suturing Lab AM

8:00 am – 11:15 am
Room: 121


Co-Chairs: *Megan Cesta, Hosam Hanna*
Faculty: *Rebecca Barbaresso, Jensara Clay, Christine E. Foley, Thomas Gallant, Laura Homewood, Shivani Parikh, Whitney T. Ross, Miguel Luna Russo, Sara Till*

This course provides a comprehensive and immersive environment to practice the fundamentals of laparoscopic suturing. Learners of all levels from basic to advanced will be able to practice and improve skills in a dry lab setting. The course will be held with direct supervision by expert faculty mentors. The faculty will provide immediate feedback and one-on-one instructions based on individual preferences for laparoscopic skills such as suturing, intracorporeal and extracorporeal knot tying. The course will employ the proprietary EMIGS LaparoBowl to help learn suturing skills in a simulated pelvic environment. Varying port configurations will be available to assist learners in practicing the ipsilateral, contralateral and suprapubic approaches. Additional advanced techniques such as laparoscopic baseball stitch and cinch knot will be demonstrated.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Detail different options for needle introduction, setting, and removal; 2) Demonstrate safe and efficient techniques for tissue approximation and suture management; and 3) Perform intracorporeal, extracorporeal knot tying and continuous suturing in an efficient and reproducible manner.

COURSE OUTLINE

8:00 am	Introduction and Lab Orientation
8:05 am	Hands-on Dry Lab
11:10 am	Wrap up and Discussion
11:15 am	Adjourn

Commercial Support
AAGL Global Congress Suturing Labs SUTR-700/SUTR-711 – November 9, 2025 (non-CME)

AAGL acknowledges that it has received educational grants and/or in-kind support from the following companies: Inovus Medical and Medtronic.

ENDO-702
Pelvic Anatomy Related to Nerve-Sparing Gynecologic Surgery: A Consensus on Terminology

9:15 am - 11:15 am
Room: 109

CME


Co-Chairs: *Nucelio Lemos, Jason A. Abbott*
Faculty: *Anna Kobylianskii, Meghan McGrattan, Peter Thiel*
Expert Panel: *Mary Barbe, Sarah Choi, Mohamed Mabrouk, Diego Raimondo, Benoit Rabischong, Matthew Siedhoff*

Nerve-sparing gynecologic surgery was initially developed to mitigate the effects of radical hysterectomy for malignancy on urinary, defecatory, and sexual functions [1]. Nerve-sparing techniques have also been adapted to benign gynecologic surgery, allowing for complete excision of deeply infiltrating endometriosis (DIE) while preserving autonomic pelvic function [2]. Despite improved nerve fiber visualization through laparoscopy, implementation of nerve-sparing techniques has been limited [3]. One barrier to the widespread implementation of nerve-sparing surgery is the inconsistency in terminology, which includes the use of several different terms for the same anatomical structure within the same article [4]. To undertake precision surgery that can be taught and compared in research, it imperative that terminology be consistent, exact and transferable. Such an approach will provide a sound basis for surgical studies in this evolving area to be meaningful and have impact on women's health and surgery. Inconsistent anatomical terminology is not unique to gynecology, with X and Y. Such inconsistency makes studying, understanding, and learning nerve-sparing approaches more challenging. To standardize anatomical terminology, the International Federation of Associations of Anatomists published Nomina Anatomica, followed by Terminologia Anatomica (TA), the second edition published in 2019 [5,6]. This work has become the international reference for anatomical terms and is the result of monumental efforts by the anatomist community. Nevertheless, clinicians and researchers continue using differing terms for pelvic structures, suggesting a disconnect between anatomists' and surgeons' perspectives. A structured literature review of the variations in pelvic anatomical nomenclature was undertaken and reviewed by members of this group and published in the JMIG [7]. This initial work identified different terms used in scientific publications for pelvic autonomic nerve bundles, fasciae and spaces. Considerable improvements in the manuscript were made following deep and respectful academic discussion regarding specific anatomy, consistency of terminology and recognition of areas of ongoing concern. The senior author of the paper (NL) consulted with the Co Editors-in-Chief of the JMIG, requested a break in the anonymity of reviewers, with a blinded, informed consent process undertaken with each reviewer so that further collaboration could be achieved for a consensus process in this field.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Establish consensus on terminology for pelvic anatomy critical to nerve-sparing surgery; 2) Promote international collaboration to advance standardization in gynecologic surgery; and 3) Create a foundation for future education, research, and dissemination of nerve-sparing techniques.

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *N. Lemos*
9:20 am	Anatomical Overview, Terminological Inconsistencies, and Implications for Nerve-Sparing Surgery *A. Kobylianskii*
9:40 am	Defining and Standardizing Terms for Fasciae and Ligaments Critical for Nerve-Sparing Procedures *P. Thiel*
10:00 am	Clarifying Terminology for Retroperitoneal Spaces to Guide Surgical Dissection and Improve Outcomes *M. McGrattan*
10:20 am	Expert Panel Discussion and Vote *M. Barbe, M. Siedhoff, S. Choi, M. Mabrouk, D. Raimondo, B. Rabischong*
11:15 am	Adjourn

FIBR-703
Revolutionizing Fibroid Surgery: Advanced Applications of Artificial Intelligence in Minimally Invasive Gynecology

9:15 am - 11:15 am
Room: 203
Didactic | Fee: Included in Registration
CME


Co-Chairs: *Obianuju S. Madueke-Laveaux, Luis Alonso Pacheco*
Faculty: *Nicolas Bourdel, Scott G. Chudnoff*

This course explores the transformative role of artificial intelligence (AI) in the surgical treatment of uterine fibroids, with a focus on minimally invasive techniques. Participants will gain insights into AI-driven advancements in imaging, preoperative planning, intraoperative guidance, and personalized treatment strategies. The course covers AI applications in fibroid classification, surgical decision-making, and patient outcome prediction, emphasizing real-world clinical integration and ethical considerations. Designed for healthcare professionals and researchers, this program equips attendees with the knowledge to leverage AI technologies for improving surgical precision, patient outcomes, and healthcare efficiency in gynecological practice.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Utilize AI applications in gynecological surgery; 2) Develop skills in AI-driven tools and techniques; and 3) Address ethical and practical challenges in AI adoption.

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *O. Madueke-Laveaux*
9:20 am	Evaluating the Economic Benefits of Integrating AI into Minimally Invasive Fibroid Treatments *S. Chudnoff*
9:45 am	Analyzing Large Datasets to Uncover Genetic or Environmental Factors Contributing to Fibroid Development *O. Madueke-Laveaux*
10:10 am	AI Algorithms for Real-Time Assistance in Identifying and Removing Fibroids *N. Bourdel*
10:35 am	How Can AI Assist in the Hysteroscopic Classification and Surgical Decision-Making to Enhance Outcomes in Patient With FIGO 2-3 Fibroids? *L. Pacheco*
11:00 am	Discussion Questions & Answers
11:15 am	Adjourn

ADEN-704
Adenomyosis, an Epicenter of Female Reproductive Medicine: Exploring the Philosophy, New Diagnostics, Navigation, Modeling, and Fertility Outcomes of Reconstructive Uterine Surgery

9:15 am – 11:15 am
Room: 206
Didactic | Fee: Included in Registration
CME

Chair: *Assia A. Stepanian*
Faculty: *Leila V. Adamyan, Keith B. Isaacson, Assia A. Stepanian, Arnaud Wattiez*

Adenomyosis is affecting an increasing number of women of young reproductive age, resulting in significant symptomatology, reduced fertility, and increased risk of miscarriage. Surgical treatment of adenomyosis poses important dilemmas and challenges, such as determination of a need and timing of surgery, identification of excision borders, tissue handling techniques, and selection and knowledge of technology utilized in diagnosis. In addition, surgeons must determine treatment of various forms of adenomyosis, including the management of adenomyosis in complex surgical scenarios. The surgeons in this group have multiple decades of experience and leadership in the surgical management and science of adenomyosis. In this course, they will share their innovative pearls and successful strategies in surgical and perioperative management of patients. Classification, pathophysiology, preoperative modeling, intraoperative navigation, and strategies to improve fertility of these patients will also be discussed, followed by a video demonstration and discussion of surgery for all forms of adenomyosis.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Apply safe and reliable surgical principles and to engage new technological advances in diagnosis, science, perioperative modeling, imaging, and navigation in managing adenomyosis; 2) Appreciate, visualize, and understand the surgical nuances of adenomyotic uterus; and 3) Use pathophysiology of adenomyosis for understanding the disease and navigation of best strategies in managing the patients, improving their symptoms and reproductive outcomes.

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *A. Stepanian*
9:20 am	Classification, Modeling, Perioperative Navigation, and New Surgical Techniques to Improved Fertility Outcomes in Patients with Various Forms of Adenomyosis *L. Adamyan*
9:45 am	The Surgical Treatment of Adenomyosis- Techniques and Outcomes *A. Wattiez*
10:10 am	Pathophysiology and Hysteroscopic Pearls of Adenomyosis *K. Isaacson*
10:35 am	The Present and the Future of Augmenting Reproductive Outcomes of Patients with Adenomyosis *A. Stepanian*
11:00 am	Discussion Questions & Answers
11:15 am	Adjourn

ENDO-705

Mastering Complex Endometriosis Surgery. Precision Tips to Optimize Your Sailing Through the High Seas

9:15 am - 11:15 am
Room: 211
Didactic | Fee: Included in Registration
CME

Chair: Emad Mikhail
Faculty: *Jon I. Einarsson, Mohamed Mabrouk, Emad Mikhail, Thiers Soares Raymundo*

This is a two hour post graduate course that focuses on defining essential steps for MIGS surgeons, who are interested in becoming complex endometriosis surgeons. In this course, we will cover tips and tricks to optimize your path including the integration of precision medicine in regard to anatomical understanding, skill advancement, growth mindset, and practice setup. Through a focus on advanced surgical techniques, personalized patient management, and innovative tools, this course equips participants with the skills and knowledge needed to optimize surgical outcomes for deep endometriosis.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Explore how anatomical understanding can be enhanced using precision-guided diagnostic and surgical tools; 2) Apply deliberate strategies for skill advancement to deliver personalized surgical care; and 3) Develop practice models that prioritize individualized care for high-volume, complex endometriosis cases.

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *E. Mikhail*
9:20 am	Mindset Optimization for Complex Endometriosis Surgery *E. Mikhail*
9:45 am	How to Deliberately Enhance Your Skills to be the Best You Can Be *T. Soares Raymundo*
10:10 am	Optimization Your Anatomical Knowledge. Anatomy Does Not Change But Our Understanding Can Improve *M. Mabrouk*
10:35 am	How to Setup Your Practice to Build and Grow Complex Surgical Volume *J. Einarsson*
11:00 am	Discussion Questions & Answers
11:15 am	Adjourn

ANAT-706

AAGL/ISSA: "The Tide is High, But I'm Holdin' On" Tips and Tricks in Laparoscopic Retroperitoneal Surgical Anatomy to Perform Safe Gynecologic Surgery

9:15 am – 11:15 am
Room: 212
Didactic | Fee: Included in Registration
CME

Co-Chairs: *Shailesh P. Puntambekar, Marcello Ceccaroni*
Faculty: *Javier Magrina, Gaby N. Moawad, Giovanni Roviglione, Maria Victoria N. Vargas*

Laparoscopic surgery for benign and deeply infiltrative diseases represents a difficult and challenging issue for pelvic surgeons. A precise knowledge of pelvic Surgical Anatomy and the achievement of a know-how for navigating the retroperitoneal spaces and structures, provide a powerful tool to formulate a well-planned treatment strategy for a successful and safe surgery. A skilled laparoscopic surgeon is the one who is able to dominate with no fear the surgical field, achieving the perception of retroperitoneum as their "best friend." The golden word for that is: "ANATOMY." A panel of teachers of the International School of Surgical Anatomy (ISSA) of Verona (Italy), directed by Dr. Marcello Ceccaroni, will be delighted to share its experiences with you.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize the anatomical landmarks and major pelvic structures pertinent to gynecologic laparoscopy and retroperitoneal dissection for basic, intermediate and advances procedures; 2) Utilize laparoscopic surgical techniques to enter and expose avascular spaces of the pelvis, parametrial ligaments, nerves and pelvic vessels and their relations to the ureter and retroperitoneal structures; and 3) Apply the principles of a nerve-sparing philosophy and the step-by-step dissection of the uterine artery and the pelvic ureter related to the different gynecological retroperitoneal procedures (i.e. big uteri, intrafilamentary myomas, deep endometriosis and gynecologic cancers).

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *S. Puntambekar*
9:17 am	"The Perfect Navigation" Cartography of the Pelvis and Retroperitoneum for a Safe Minimally Invasive Navigation *G. Moawad*
9:36 am	"How to Make It Easy" Minimally Invasive Surgical Anatomy for a Safe Hysterectomy Step-By-Step in Different Settings *M. Vargas*
9:53 am	"The Journey of Parametrial Surgery" Surgical Anatomy of Parametrial Ligaments and its Importance in Radical Hysterectomy and Uterine Transplant *S. Puntambekar*
10:11 am	"Friends Will Be Friends" When the Surgeon Meets the Ureter and the Bladder. Tips and Tricks for a Safe Minimally Invasive Pelvic Surgery *G. Roviglione*
10:29 am	"Have You Ever Been to Electric Ladyland?" Laparoscopic Surgical Anatomy of Visceral and Somatic Pelvic Innervation for a Safe and Nerve-Sparing Radical Pelvic Surgery *M. Ceccaroni*
10:47 am	"With a Little Help from My Friends" How Anatomy Can Help the Surgeon in Preventing and Managing Complications *J. Magrina*
11:05 am	Discussion Questions & Answers
11:15 am	Adjourn

LEAD-707
From Operating Room to Boardroom: Human Leadership in The World of AI

9:15 am - 11:15 am
Room: 219
Didactic | Fee: Included in Registration

CME


Co-Chairs: *R. Edward Betcher, Sukhbir S. Singh*
Faculty: *Adrian C. Balica, R. Edward Betcher, Cara R. King, Sukhbir S. Singh*

This PG Course will shed light on the intrinsic alignment between minimally invasive gynecologic surgeons (MIGS) and essential aspects of leadership within Women's Health. Acknowledging the current underrepresentation of MIGS professionals in leadership roles within Ob/Gyn subspecialties, this session aims to illuminate potential rooted in surgical expertise. As Artificial Intelligence (AI) continues to evolve, it is increasingly important for human leadership to overlay emotional intelligence to ensure applications in a responsible and culturally sensitive manner. The technological expertise and innovative mindset of MIGS physicians will play an increasingly pivotal role in advancing leadership within Women's Health. Topics will cover areas such as assuming the role of a surgical leader, honing business skills, mastering project & team management, fostering a culture of excellence, managing & promoting emerging technology, and refining communication strategies.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Illustrate the parallels between surgeons' mindset and skills required for effective healthcare leaders in the evolving technological landscape; 2) Identify the multifaceted responsibilities and core competencies of effective leaders in women's health; and 3) Utilize AI tools to augment mentorship and personal leadership development within AAGL.

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *R. Betcher*
9:20 am	The Surgeon as Leader: Translating Surgical Skills to Leadership Success *C. King*
9:45 am	Leaders Have to Make Cents: The Business Aspects of Medicine *R. Betcher*
10:10 am	Managing your Team for Success: It Starts with Managing Yourself While Inspiring Others *S. Singh*
10:35 am	Planning for Success: Project Management *A. Balica*
11:00 am	Discussion Questions & Answers
11:15 am	Adjourn

SEXU-708
Pelvic Neuroanatomy, Female Sexuality, Endometriosis and Innovation: Preserving Function Through Knowledge and AI

9:15 am - 11:15 am
Room: 220
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Maurício S. Abrão, Paulo A. Ayroza Ribeiro*
Faculty: *Maurício S. Abrão, Helizabet Salomão Ayroza, Gustavo Leme Fernandes, Manuel Lopez, Andrea Vidali*

This innovative postgraduate course will explore the intersection of pelvic neuroanatomy, female sexuality, endometriosis, and emerging technologies in gynecologic surgery. With a focus on anatomical preservation and patient quality of life, the faculty will present how knowledge of critical pelvic structures—combined with artificial intelligence (AI), advanced imaging, and predictive analytics—can help minimize functional damage during complex surgical procedures. The course emphasizes a translational and practical approach, aiming to equip attendees with current and future tools to support optimal surgical decision-making and outcomes.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Provide an updated overview of pelvic neuroanatomy as it relates to female sexual function; 2) Recognize how various gynecologic diseases and surgeries impact female sexuality; and 3) Explore how AI, 3D modeling, and surgical mapping can aid in anatomical preservation.

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *M. Abrão*
9:20 am	From Classical Anatomy to AI-Guided Surgery: Welcome to the New Era *H. Salomão Ayroza*
9:35 am	Pelvic Neuroanatomy and Female Sexuality: What Should Never be Injured *H. Abrão*
9:50 am	Sexual Dysfunction in Endometriosis Patients: Importance of Deep Clinical Evaluation *P. Ayroza Ribeiro*
10:05 am	AI in Deep Endometriosis Surgery: Planning to Preserve Sexual Function *M. Abrão*
10:20 am	Endometriosis: A Neuroimmunological Disease *A. Vidali*
10:35 am	Surgical Techniques to Avoid Neurological Damage in Deep Pelvic Dissection *M. Lopez*
10:50 am	Sexuality after Radical Surgery: Innovation in Early Rehabilitation and Long-Term Care *G. Leme Fernandes*
11:05 am	Discussion Questions & Answers
11:15 am	Adjourn

ENVI-709
Applying the 3 R's of Sustainability to the Operating Room: How to Reduce, Reuse, and Recycle to Cut Operating Room Costs

9:15 am – 11:15 am
Room: 221
Didactic | Fee: Included in Registration
CME

Chair: *Michelle Louie*
Faculty: *Asha B. McClurg, Janelle Katie Moulder, Jacqueline Wong*

Speakers propose cost-cutting strategies for the operating room based on the 3 R's of sustainability: reduce, reuse, and recycle. The speakers will review how to define and calculate operating room expenditures and offer tactics and surgical techniques to reduce costs without sacrificing patient safety or surgical efficiency. A review of the medical literature with a focus on environmental sustainability, adaptability, and thinking outside the box will underscore presentations from each speaker. Topics include: (1) When old is new again: cost cutting tips and tricks using "old school" techniques; (2) Less is more: evidence-based strategies to reduce operating room waste; (3) Recycling: What's the deal with refurbished instruments?

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe how to calculate operating room costs; 2) Perform cost-saving, adaptive, and ecologically-sound surgical techniques; and 3) Compare the role and safety of reusable and refurbished instruments in the modern practice of laparoscopic surgery.

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *M. Louie*
9:20 am	How to Calculate Operating Room Costs *J. Moulder*
9:45 am	Reduce: Evidence-Based Strategies to Reduce Operating Room Waste *A. McClurg*
10:10 am	Reuse: When Old is New Again: Cost Cutting Tips and Tricks Using "Old School" Techniques *J. Wong*
10:35 am	Recycle: What's the Deal With Refurbished Instruments? *M. Louie*
11:00 am	Discussion Questions & Answers
11:15 am	Adjourn

EDU-710
Public Speaking and Effective Communication for MIGS Surgeons

9:15 am - 11:15 am
Room: 223
Didactic | Fee: Included in Registration
CME

Chair: *Jose A. Carugno*
Faculty: *Angela Chaudhari, Jeffrey J. Woo*

Public speaking skills are essential for career growth. Effective communication is crucial in the operating room. Being able to present your ideas clearly leads to better interaction with patients, their family members, colleagues, and ancillary staff. Whether delivering an informative speech to the community, describing a surgical intervention, or advocating for a cause, strong public speaking skills allow one to connect with listeners. This course will expose different techniques that will provide the attendees with tips and tricks for effective communication that can be implemented in clinical practice or when presenting at public events. Moreover, we will demonstrate how to use currently available technology to make impressive videos to demonstrate your ideas. Lastly, we will explain how to take advantage of Artificial Intelligence (AI) to elevate your presentations to the next level. Attendees will have the opportunity to discuss with the experts the challenges encountered when subjected to public speaking.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize different needs related to public speaking and MIGS; 2) Implement different strategies to enhance effective communication; and 3) Identify effective alternatives to integrate videos and Artificial Intelligence into your talks.

COURSE OUTLINE

9:15 am	Welcome, Introduction and Course Overview *J. Carugno*
9:20 am	Capturing Your Audience: The First Impression and the Power of Story Telling *J. Carugno*
9:45 am	Integrating Artificial Intelligence Into Your Talk *A. Chaudhari*
10:10 am	Impressing Your Audience With Surgical Videos *J. Woo*
10:35 am	Effective Communication in the OR *J. Woo, A. Chaudhari, J. Carugno*
11:00 am	Discussion Questions & Answers
11:15 am	Adjourn

SUNDAY

Postgraduate Networking Lunch
11:30 am – 1:15 pm • Ballroom D

SUTR-711
Advanced Suturing Lab PM

12:15 pm - 3:30 pm
Room: 121


Co-Chairs: *Megan Cesta, Hosam Hanna*
Faculty: *Rebecca Barbaresso, Jensara Clay, Christine E. Foley, Thomas Gallant, Laura Homewood, Shivani Parikh, Whitney T. Ross, Miguel Luna Russo, Sara Till*

This course provides a comprehensive and immersive environment to practice the fundamentals of laparoscopic suturing. Learners of all levels from basic to advanced will be able to practice and improve skills in a dry lab setting. The course will be held with direct supervision by expert faculty mentors. The faculty will provide immediate feedback and one-on-one instructions based on individual preferences for laparoscopic skills such as suturing, intracorporeal and extracorporeal knot tying. The course will employ the proprietary EMIGS LaparoBowl to help learn suturing skills in a simulated pelvic environment. Varying port configurations will be available to assist learners in practicing the ipsilateral, contralateral and suprapubic approaches. Additional advanced techniques such as laparoscopic baseball stitch and cinch knot will be demonstrated.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Detail different options for needle introduction, setting, and removal; 2) Demonstrate safe and efficient techniques for tissue approximation and suture management; and 3) Perform intracorporeal, extracorporeal knot tying and continuous suturing in an efficient and reproducible manner.

COURSE OUTLINE

12:15 pm	Introduction and Lab Orientation
12:20 pm	Hands-on Dry Lab
3:25 pm	Wrap up and Discussion
3:30 pm	Adjourn

Commercial Support
AAGL Global Congress Suturing Labs SUTR-700/SUTR-711 – November 9, 2025 (non-CME)
AAGL acknowledges that it has received educational grants and/or in-kind support from the following companies: Inovus Medical and Medtronic.

ANAT-712
AAGL/ISSA Observation Lab: "The Anatomy Shelter" Tips and Tricks in Laparoscopic Retroperitoneal Surgical Anatomy to Perform Safe Gynecologic Surgery. Keynote Cadaveric Dissection and Surgical Video Course

12:15 pm - 3:30 pm
Room: 109
Observation Lab | Fee: Included in Registration
CME


Co-Chairs: *Marcello Ceccaroni, Shailesh P. Puntambekar*
Faculty: *Sarah Choi, Shanti I. Mohling, Fariba Mohtashami, Giovanni Roviglione*

Following the principles taught in the International School of Surgical Anatomy-(ISSA), this course, based on pre-recorded Keynote cadaveric dissections and surgical videos will provide a step-by-step surgical approach to the pelvic viscera, retroperitoneal avascular spaces and pelvic ureters. Emphasis will be put upon identifying anatomical landmarks, including surgical principles and techniques to enter the retroperitoneal avascular spaces, identify and dissect the ureter, isolate the uterine artery at its origin and dissect the parametrial ligaments. Instruction on techniques for gentle tissue handling to avoid bleeding, proper traction, counter-traction, sharp and blunt dissections while preventing vascular, urinary, bowel and nervous complications. Special care will be given to minimally invasive nerve-sparing techniques with demonstration of main pathways of visceral and somatic pelvic innervation. The aim of this course is to demonstrate an overall pelvic surgical anatomy on cadaver and its surgical implications during radical pelvic procedures such as deep endometriosis or oncological procedures.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize the anatomical landmarks and major pelvic structures pertinent to gynecologic laparoscopy and retroperitoneal dissection; 2) Apply laparoscopic surgical techniques to enter and expose the avascular spaces of the pelvis, parametrial ligaments, nerves and pelvic vasculature and their relations to the ureter and intraperitoneal structures; and 3) Illustrate the step-by step dissection of the pelvic ureter and pelvic-nerves related to the different gynecological procedures and nerve-sparing techniques for gynecologic cancers and endometriosis surgery

COURSE OUTLINE

12:15 pm	Welcome, Introduction and Course Overview *M. Ceccaroni*
12:17 pm	Role of Cadaveric Dissection Models and Technology in the Learning Processes of Surgery *F. Mohtashami*
12:31 pm	Surgical Anatomy of Pelvic Spaces for a Safe Minimally Invasive Surgery *S. Mohling*
12:45 pm	Laparoscopic Surgical Anatomy of the Pelvis and Retroperitoneal Spaces *M. Ceccaroni, G. Roviglione*
1:13 pm	Laparoscopic Surgical Anatomy of Uterine Parametrial Ligaments for a Safe Radical Surgery for Deep Endometriosis and Oncology *S. Puntambekar*
1:27 pm	Laparoscopic Surgical Anatomy of the Uterine Ligaments and Parametria for a Safe Simple and Radical Hysterectomy *M. Ceccaroni, G. Roviglione*
1:55 pm	Surgical Landmarks of Lateral Spaces and Anatomical Considerations for Pelvic Lymphadenectomy and Deep Endometriosis Procedures *G. Roviglione*
2:09 pm	Laparoscopic Surgical Anatomy of Lateral Spaces for a Safe Pelvic Lymphadenectomy and Radical Procedures in Deep Endometriosis *M. Ceccaroni, G. Roviglione*
2:37 pm	Nerve-Sparing Minimally Invasive Approaches to Deep Endometriosis *S. Choi*
2:51 pm	Laparoscopic Surgical Anatomy of Pelvic Innervation for Deep Endometriosis and Radical Procedures *M. Ceccaroni, G. Roviglione*
3:19 pm	Discussion Questions & Answers
3:30 pm	Adjourn

HSC-713

Endometrial Trauma and Intrauterine Adhesions: Pathogenesis, Clinical Impact, Prevention and Management.

1:30 pm - 3:30 pm
Room: 203
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Malcolm G. Munro, Christina A. Salazar*
Faculty: *Herve Fernandez, Sergio Haimovich*

This course provides the attendee with a detailed exploration of the problem of trauma to the endometrium that is generally secondary to uterine surgery Involving the endometrial cavity. Previously framed as "intrauterine adhesions" (IUAs), it is now apparent that the primary issue is basilar endometrial trauma, and while manifesting with IUAs, it frequently persists despite hysteroscopic adhesiolysis. In addition to causing infertility, when patients do conceive, significant adverse impacts on pregnancy often occur, including preterm labor, placenta accreta syndrome, peripartum hemorrhage, and hysterectomy. The course will cover the causes, clinical implications, investigation, and new and future prevention and management strategies, including modification in surgical technique, adhesion-preventing adjuvants, and novel techniques, including stem cells, to foster functional endometrial repair. The faculty will address evidence and evidence gaps and explore how artificial intelligence may aid in management, particularly for determining prognosis.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Explain the pathogenesis and clinical implications of surgically induced endometrial trauma; 2) Evaluate management approaches that minimize risk and optimize the changes of post operative adhesion free endometrial repair; and 3) Identify the evidence gaps and the potential of future technology, including artificial intelligence in optimizing outcomes for patients.

COURSE OUTLINE

1:30 pm	Welcome, Introduction and Course Overview *M. Munro*
1:35 pm	Endometrial Trauma or Intrauterine Adhesions? Framing the Issue - Pathogenesis and Clinical Implications *M. Munro*
2:00 pm	Future Technologies for Optimizing Endometrial Repair *S. Haimovich*
2:25 pm	The Use of Surgical Adjuvants to Minimize Intrauterine Adhesions *C. Salazar*
2:50 pm	Surgical Strategies for Minimizing Surgical Endometrial Trauma *H. Fernandez*
3:15 pm	Discussion Questions & Answers
3:30 pm	Adjourn

BUS-714

Maximize Your Coding Knowledge for Efficiency

1:30 pm - 3:30 pm
Room: 206
Didactic | Fee: Included in Registration

CME

Chair: *Nichole Mahnert*
Faculty: *Jon K. Hathaway, Mark R. Hoffman, Kelly H. Roy*

This specialized course is tailored for gynecologic surgeons seeking to enhance their proficiency in medical billing and coding. Participants will master the use of ICD-10 for benign gynecologic diagnoses and gain a solid understanding of CPT to accurately code common gynecologic procedures and surgeries. The course will also cover essential skills for identifying and coding complications and comorbidities, and the effective use of coding resources to stay current, and advocate for physician interests. Key topics include E/M coding, global packages, and important modifiers in gynecology, in addition to Z-codes for social determinants of health, longitudinal care and pelvic examination codes. By improving coding accuracy and efficiency, attendees will ensure proper reimbursement, reduce audit risks, and enhance overall practice management. Join us to advance your coding expertise and optimize your practice operations.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Master the use of ICD-10 for benign gynecologic diagnoses; 2) Apply principles of CPT coding and accurately code common gynecologic surgeries; and 3) Develop skills to identify and code for complications and comorbidities

COURSE OUTLINE

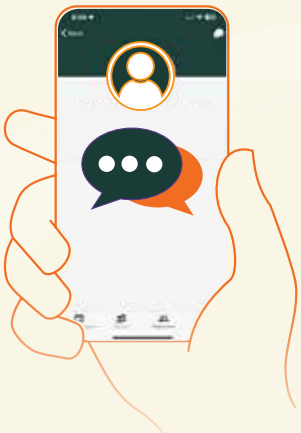
1:30 pm	Welcome, Introduction and Course Overview *N. Mahnert*
1:35 pm	Why is Billing and Coding Important and How Did We Arrive Here, Updates and AI in Your Practice *N. Mahnert*
2:00 pm	Surgical Coding and Global Packages *J. Hathaway*
2:25 pm	Office Procedures Coding and Alternative Payment Models *K. Roy*
2:50 pm	Important Modifiers in Gynecology and Tips for Consultations *M. Hoffman*
3:30 pm	Adjourn

SUNDAY

Network with Colleagues

Scan to Download the #AAGL25 App

Follow instructions on back of badge.



ENDO-715
Advanced Surgical Techniques for Endometriosis: Mastering Digestive, Urinary, and Diaphragmatic Excisions for Optimal Outcomes

1:30 pm - 3:30 pm
Room: 211
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Helder Ferreira Sr., Nicolas Bourdel*
Faculty: *Gaby N. Moawad, Mario Malzoni*

This course provides an in-depth exploration of advanced surgical techniques for the management of digestive, urinary, and diaphragmatic endometriosis. Through comprehensive video presentations, participants will gain insights into the latest minimally invasive approaches, including laparoscopy and robotic-assisted surgery, which are pivotal for successful outcomes in these complex cases. Emphasis will be placed on meticulous preoperative planning, multidisciplinary collaboration, and detailed surgical techniques to ensure complete lesion excision and improve patient quality of life. Real-life case studies will illustrate the practical application of these techniques, highlighting tips and tricks to avoid complications and manage potential intraoperative challenges. The course will also cover preoperative optimization, postoperative care, and strategies for minimizing recurrence. Ideal for surgeons seeking to enhance their expertise in endometriosis management, this program combines evidence-based guidelines with practical skills to advance surgical proficiency.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Utilize Advanced Diagnostic Tools: Accurately interpret AI-enhanced preoperative imaging and diagnostics to identify and map endometriosis lesions in the digestive, urinary, and diaphragmatic regions; 2) Execute advanced robotic-assisted and minimally invasive surgical techniques for the excision of endometriosis, ensuring improved precision, reduced operative time, and faster patient recovery; and 3) Describe preoperative optimization, postoperative care, and strategies for minimizing recurrence.

COURSE OUTLINE

1:30 pm	Welcome, Introduction and Course Overview *H. Ferreira*
1:35 pm	Advanced Image-Guided Surgery in Endometriosis: Cutting-Edge Developments and Future Directions *H. Ferreira*
2:00 pm	Robotics in Endometriosis Surgery: Benefits, Limitations, and Future Perspectives *G. Moawad*
2:25 pm	Excellence in Minimally Invasive Surgery for Endometriosis: Achieving Efficient and Safe Bowel Management *M. Malzoni*
2:50 pm	State of the Art: Utilizing Artificial Intelligence and Augmented Reality in Endometriosis Diagnosis and Treatment *N. Bourdel*
3:15 pm	Discussion Questions & Answers
3:30 pm	Adjourn

MYOM-716
Mastering Your Myomectomies

1:30 pm - 3:30 pm
Room: 212
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Luis F. García Rodríguez, Thiers Soares Raymundo*
Faculty: *Katie de Souza, Fernando Heredia, Thiers Soares Raymundo, Luis F. García Rodríguez*

This course is about exposing and discussing the best diagnostic and therapeutic practices for laparoscopic and/or robotic myomectomy. It aims to generate knowledge for good decision-making, improve surgical technique and make myomectomy a surgery with high standards of safety and complications.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Improve your surgical plan; 2) Apply strategies to succeed; and 3) Achieve better outcomes and less radical surgeries.

COURSE OUTLINE

1:30 pm	Welcome, Introduction and Course Overview *L. García Rodríguez*
1:35 pm	Making a Plan, Imaging, Risks, Informed Consent, Alternatives to Myomectomy, Complications *L. García Rodríguez*
2:00 pm	Uterine Reconstruction, Suturing Techniques, and Reproductive Outcomes of Laparoscopic Myomectomy *K. de Souza*
2:25 pm	Vascular Control, Robotic & Laparoscopic Enucleation, Vassopresin *T. Soares Raymundo*
2:50 pm	Safe Extraction, Oncological Concerns, Power Morcellation, Manual Morcellation, Cul-De-Sac Extraction, Minilap *F. Heredia*
3:15 pm	Discussion Questions & Answers
3:30 pm	Adjourn

TECH-717

Leveraging Surgical Intelligence: Transforming Clinical Care, Surgery, Education, and Research

1:30 pm - 3:30 pm
Room: 219
Didactic | Fee: Included in Registration
CME

Chair: *Cara R. King*
Faculty: *Liron Bar-El, Afchine Fazel, Cara R. King, Peter Najjar, Ruchi Thanawala*

This postgraduate course delves into the effective use of artificial intelligence (AI) and surgical intelligence tools to enhance clinical decision-making, optimize intraoperative workflows, and drive advancements in research and surgical education. Moving beyond the adoption phase, this session focuses on real-world examples of effective integration of AI into a busy surgical practice to improve patient care, physician efficiency, professional growth and overall well-being. The course will cover the use of AI scribes for clinical documentation, intraoperative AI tools for surgical mapping and guidance, surgical documentation, AI-based coaching systems for skill development, AI tools to improve operating room efficiency, and AI-based predictive models for better-informed decision-making. Attendees will gain actionable strategies to acquire and implement these technologies into their daily clinical practice and research endeavors, fostering innovation to transform women's health and surgical care

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Explore the use of AI in the office setting, including AI scribes, AI-based scheduling, and AI driven patient messaging systems; 2) Examine the use of AI in the operating room, such as intraoperative mapping and guidance, AI-based surgical coaching, surgical documentation, and streamlining OR operations and workflows; and 3) Utilize AI for predictive analytics of surgical outcomes and how these tools can enhance preoperative planning and postoperative care.

COURSE OUTLINE

1:30 pm	Welcome, Introduction, Course Overview *C. King*
1:35 pm	AI in the Clinic: Reclaiming Time and Transforming Access *Panel Discussion: All Faculty*
1:55 pm	AI in the Operating Room: Surgical Intelligence in Action *P. Najjar:* Clinical Applications of Artificial Intelligence *Panel Discussion: All Faculty*
2:25 pm	AI for Education & Research *R. Thanawala:* Competency-Based Education as Data Science Using AI *L. Bar-El:* Leveraging AI in Modern Research *Panel Discussion:* All Faculty
2:55 pm	Implementation & Equity *A. Fazel:* Ethical and Medicolegal implications of Integrating AI in Surgery and Research *Panel Discussion:* All Faculty
3:15 pm	Discussion, Questions & Answers
3:30 pm	Adjourn

YAN-718

The YAN ERAS Tour: Jumpstarting Your Practice With Old Wisdom and New Technologies

1:30 pm - 3:30 pm
Room: 220
Didactic | Fee: Included in Registration
CME

Chair: *Wenjia Zhang, Chelsie Warshafsky*
Faculty: *Steven Radtke, Sukhbir S. Singh, Mireille Truong, Wenjia Zhang*

This course aims to provide practical advice for new graduates who are transitioning into independent clinical practices. Starting with reflections from a seasoned expert about common pitfalls in early practice, we will then discuss how to incorporate developing technologies in the domains of clinical efficiency, surgical teaching, research, and patient outreach. Recognizing that the initial years out of training can be one of the most challenging transitions, the course will guide new surgeons to set themselves up for success in an ever-changing technological landscape.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify common pitfalls and setbacks in the early stages of practice and how to avoid them; 2) Recognize how artificial intelligence can be incorporated into daily workflow to improve clinical efficiency and patient outreach; and 3) Utilize recent technologic advances to optimize surgical teaching and research output.

COURSE OUTLINE

1:30 pm	Welcome, Introduction and Course Overview W. Zhang, C. Warshafsky
1:55 pm	The Efficiency ERA: Using Artificial Intelligence to Ease Clinical Demands W. Zhang
2:00 pm	The Teaching Era: Incorporating Advanced Simulation, Virtual Reality, and Real-Time Video Technology to Enhance Surgical Teaching M. Truong
2:25 pm	The Big Data ERA: Utilizing National Databases and Search Engine Optimization in the Era of Artificial Intelligence S. Radtke
2:50 pm	The Novice ERA: Started From the Bottom and Now We're Here S. Singh
3:15 pm	Discussion Questions & Answers
3:30 pm	Adjourn

URO-719

The Role of Uterine Preservation in Pelvic Reconstructive Surgery: Hysteropexy Techniques

1:30 pm - 3:30 pm
Room: 221
Didactic | Fee: Included in Registration

CME

Chair: *Peter L. Rosenblatt*
Faculty: *Kate Meriwether, Marie Fidela R. Paraiso*

Traditionally, pelvic reconstructive surgery has included hysterectomy along with suspension of the vaginal apex and other affected compartments. Over the past decade, there has been a growing interest in the role of uterine preservation for women with symptomatic uterovaginal prolapse. In this course, we will describe several different approaches to hysteropexy with an emphasis on videos that demonstrate laparoscopic and vaginal techniques, including indications, potential risks, and success rates. We will also compare pelvic reconstructive surgeries involving traditional hysterectomy to those that employ uterine preservation. The course will include a debate regarding the most appropriate approach for different clinical scenarios, and how to counsel patients who are considering uterine preservation or hysterectomy.

Learning Objectives: *At the end of this course, the participant will be able to:*
1) List the indications and contraindications for uterine preservation in pelvic reconstructive surgery; 2) Describe the steps involved with laparoscopic or robotic cerclage sacrohysteropexy and transvaginal sacrospinous hysteropexy; and 3) Recognize the potential risks and complications of each technique and how they can prevented and managed.

COURSE OUTLINE

1:30 pm	Welcome, Introduction and Course Overview *P. Rosenblatt*
1:35 pm	Uterine Preservation: Advantages, Disadvantages, Pros & Cons *P. Rosenblatt*
1:55 pm	Transvaginal Sacropinous Hysteropexy *K. Meriwether*
2:15 pm	Novel Incision-Free Device for Transvaginal Apical Prolapse Repair *P. Rosenblatt*
2:35 pm	Laparoscopic Cerclage Sacrohysteropexy: A Novel, Minimally-Invasive Approach to Uterine Preservation *P. Rosenblatt*
2:55 pm	Robotic Sacrohysteropexy Techniques *M. Paraiso*
3:15 pm	Discussion Questions & Answers
3:30 pm	Adjourn

INNO-720

Medical Device Innovation: Roles and Contributions of Medical Professionals. Roadmap to Building a Start-Up to Take You From Idea to the Operating Room

1:30 pm - 3:30 pm
Room: 223
Didactic | Fee: Included in Registration

CME

Chair: *Eugene Skalnyi*
Faculty: *Ali Behbahani, Dominique Filloux, Philippe Y. Laberge*

Participants will gain a holistic understanding of the diverse professional roles and multidisciplinary contributions that medical experts can assume, contingent on their preferred level of engagement and the developmental phase of the device or enterprise. The curriculum will elucidate the strategic framework for establishing and managing a high-performing clinical research site. This course offers an in-depth exploration of the foundational principles and methodologies underlying the medical device development lifecycle, encompassing the journey from conceptualization to clinical application, emphasizing pivotal components such as intellectual property protection, innovation in research and development, capital acquisition strategies, interdisciplinary team assembly, clinical trial execution, regulatory compliance, and other integral facets of the process.

Learning Objectives: *At the end of this course, the participant will be able to:*
1) State the number and types of roles medical professionals can be involved in during the process of medical device innovation process. Understand the elements required to be a successful clinical research site and investigator; 2) Explain the general philosophy of innovation. When, how, and if to innovate. Design and conduct of clinical research. Understand the mechanism and importance of securing Intellectual Property (patents) to protect the ideas, the product development process and FDA regulatory Clearance/Approval pathways; and 3) Compare the different types of financing of an idea/company and what investors are looking for.

COURSE OUTLINE

1:30 pm	Welcome, Introduction and Course Overview *E. Skalnyi*
1:35 pm	Beyond the Scalpel: A Deep Dive Into the Multifaceted Roles of Medical Professionals in Innovating, Designing, and Advancing Medical Devices. Philosophy of Medical Device Innovation. Fundamentals for Building a Start-Up Company. Pearls of Design and Conduct of Clinical Research *E. Skalnyi*
2:00 pm	How to Become a Clinical Researcher and Build a Top Clinical Research Site: Challenges and Dilemmas *P. Laberge*
2:25 pm	Medical Device Product Realization From an Engineering Point of View: Intellectual Property, the Product Development Process and FDA Regulatory Clearance/Approval Pathways *D. Filloux*
2:50 pm	Innovation Financing From the Other Side of the Table. What Investors are Looking for? *A. Behbahani*
3:15 pm	Discussion Questions & Answers
3:30 pm	Adjourn

Gyn Awareness

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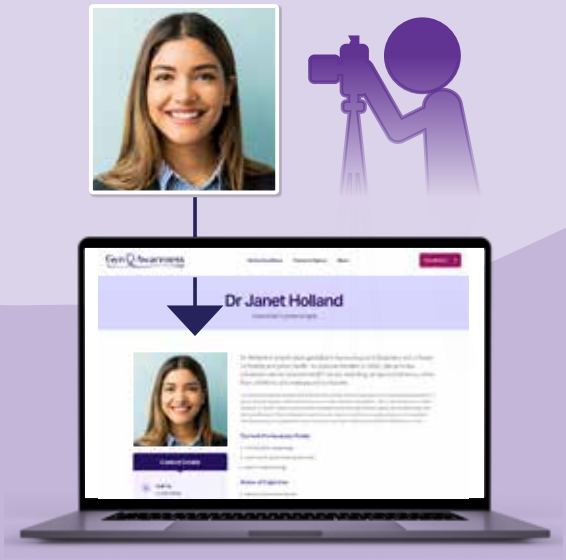

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Sunday, 11/8
5:00 pm - 7:00 pm

Monday, 11/9 and Tuesday, 11/10
8:00 am - 10:00 am
12:00 pm - 2:00 pm

AAGL
ELEVATING GYNECOLOGIC SURGERY WORLDWIDE

General Session I

Sunday, November 9, 2025

3:45 pm – 4:45 pm

Ballroom A-B

CME

3:45 pm Opening Ceremony

Welcome and Introduction of AAGL Board of Directors
Ted L. Anderson, MD, PhD
President

Introduction of Scientific Program Committee
Michael Hibner, MD, PhD
Scientific Program Chair

Introduction of Dignitaries
Linda D. Bradley, MD
Medical Director

Recognition of Honorary Chair
Javier F. Magrina, MD

AAGL MED TALKS

Jack M. Hibner

3:55 pm
MED Talk I: What is AI?

Jack is a senior undergraduate at Arizona State University (ASU) in Phoenix, where he's completing dual degrees in Computational Mathematical Science and Physics at Barrett, the Honors College. He's also earning a certification in cryptology.

This MedTalk aims to provide a foundational understanding of artificial intelligence by presenting straightforward examples that illustrate core AI concepts. These examples will be contextualized with a brief overview of the historical developments that led to their creation. The objective is to demonstrate how these early innovations have shaped the current landscape of AI research and practical applications

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Intuitively understand and outline the basic mechanics of AI by seeing examples of how simple models work; 2) Critically engage with current media depictions and predictions of AI by learning about important time periods and AI developments from the 1950's until modern day; 3) Recognize the ways in which AI appears in our everyday lives by hearing about its modern applications.

Javier F. Magrina, MD
Honorary Chair

4:11 pm
Recognition of Honorary Chair

Professor Javier Magrina attended Medical School at the University of Barcelona, Spain, completed an OBGYN residency at Mayo Clinic Rochester, and fellowship in Gynecologic Oncology at University of Kansas Medical Center. He was Department Chair at Mayo Clinic Arizona until 2005 and now serves as a consultant.

He has served in numerous roles in the AAGL including President of AAGL and of the MIGS Fellowship, Chair of the Oncology SIG, Chair of the Scientific Program Committee, and he is currently serving as Secretary-Treasurer of the AAGL Foundation. In addition, this year he became a member of the JMIG 400 club having completed peer reviews of 428 manuscripts.

Dr. Magrina won the prestigious Steege Mentorship Award in 2019 and in 2022, a Foundation of the AAGL Noteworthy Award, the Javier F. Magrina Excellence in Robotics Award was established in his honor. He was chosen as the first recipient of this award in recognition of his remarkable innovation and leadership in robotics that contributed to the advancement of robotics in Gynecology.

A world renown expert in our field, he humbly shares, "I was born to help sick people. In medicine we do a couple of things: We improve quality of life, or we prolong life by curing cancer or other lethal conditions. To accomplish either of these goals for my patients is my highest satisfaction."

4:21 pm Introduction of President

Ted L. Anderson, MD, PhD
President

Franklin D. Loffer Presidential Address

Reclaiming Relevance

Ted Anderson is the Betty and Lonnie S. Burnett professor in the Department of Obstetrics and Gynecology at the Vanderbilt University Medical Center in Nashville, Tennessee. He is a past president of the American College of Obstetricians & Gynecologists (ACOG), past president of the Board of Directors for the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS), and current President of the American Association of Gynecologic Laparoscopists (AAGL). Dr. Anderson earned his doctorate in anatomy and cell biology from Vanderbilt University and completed research fellowships in molecular biology (Baylor) and reproductive endocrinology (Jones Institute for Reproductive Medicine at Eastern Virginia Medical School). He received his medical degree and completed an internship in pathology and a residency in ObGyn. After fellowship training in reproductive pelvic surgery with Dr. James Daniell at HCA Centennial Hospital and a brief time in private practice, he again returned to Vanderbilt as director of gynecology and founded a MIGS fellowship in 2005. Dr. Anderson is currently Vice Chairman for faculty development in the Department of Obstetrics and Gynecology. Dr. Anderson was a founding faculty member for the Association of Professors of Gynecology and Obstetrics (APGO) Surgical Education Scholars program and was a co-developer of the Essentials in Minimally Invasive Gynecologic Surgery (EMIGS) surgical skills simulation and assessment components. His clinical and research interests include minimally invasive surgery, intra-uterine (hysteroscopic) surgery, abnormal uterine bleeding, and the impact of technology on medicine and society.

4:41 pm Induction of 2026 President and Recognition of Outgoing Board Members

4:45 pm Adjourn

5:00 pm – 7:00 pm
Welcome Reception in the Exhibit Hall

AAGL'S FOUNDATION AWARDS CELEBRATION & FUNDRAISING EVENT

CELEBRATING EXCELLENCE IN MIGS

SUNDAY, NOVEMBER 9

8:00 PM – MIDNIGHT

VANCOUVER CONVENTION CENTER
BALLROOM AB

Cocktail Attire Suggested

TICKETS AVAILABLE AT
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$150 EACH

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DJ JOHNNY KWOCK

THE FOUNDATION OF THE AAGL

2025 Foundation Awards

Signature Awards

The Foundation of the AAGL Signature Awards recognize the highest-scoring abstracts as determined through the AAGL Award Committee's meticulous grading process. Thank you to our generous donors and industry partners who support these awards.

Jay M. Cooper Award
Best Abstract on MIGS by an FMIGS Fellow
Supported by the Jay M. Cooper Endowment

The Impact of Central Sensitization on Postoperative Pain and Quality of Life Following Endometriosis Surgery

Olivia Casas Diaz, MD
Liron Bar-El, MD
Ashley L. Gubbels, MD
Pamela Frazzini, MD
Cleveland Clinic Florida, Weston, Florida
Cleveland Clinic Foundation, Cleveland, Ohio
Cleveland Clinic Florida, Pembroke Pines, Florida

Award Committee:
Chair: *João Epprecht*
Simone Ferrero, Khara M. Simpson, Ralph J. Turner

Jerome J. Hoffman Award
Best Abstract on MIGS by a Physician in Training
Supported by the Jerome J. Hoffman Endowment

Robotic-Assisted Laparoscopic Management of Cesarean Scar Pregnancy

Brenda Lin, MD
Eric Crihfield, MD
Zucker School of Medicine at Hofstra/Northwell South Shore University Hospital
Bay Shore, New York

Award Committee:
Chair: *Benjamin Beran*
Linus T. Chang, Paola A. Gehrig, Megan Orlando, Jessica N. Sosa-Stanley

Jordan M. Phillips Award
Best Research Abstract on MIGS
Supported by the Jordan M. Phillips Endowment

High Accuracy of Ultrasound With Bowel Preparation in Detecting Ileum, Cecum, and Appendix Endometriosis: A Prospective Cohort

Marina de Paula Andres, MD
Manoel O. Goncalves, MD
Leandro A. Mattos, MD
Marina L. Marani, MD
Marco A. Bassi, MD
Mauricio S. Abrão, MD, PhD
Hospital Beneficencia Portuguesa de São Paulo, São Paulo, Brazil
DASA Group, São Paulo, Brazil
Hospital Israelita Albert Einstein, São Paulo, Brazil

Award Committee
Chair: *Masoud Azodi*
Luiz G. Oliveira Brito, Jordan Klebanoff, Adina Maniu, Zenobia Ofori-Dankwa

Golden Hysteroscope Award
Best Hysteroscopy Abstract
Supported by Olympus America Inc.

Unifying the Divided: Hysteroscopic Treatment of Robert's Uterus, a Rare Congenital Challenge

Ursula Catena, MD, PhD
Federica Bernardini
Michela Zorzi
Alice Poli
Emma Bonetti
Eleonora La Fera
Federica Pozzati
Antonia Carla Testa
Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy
Università di Brescia, Brescia, Italy
Università Cattolica del Sacro Cuore, Rome, Italy

Award Committee
Chair: *Linda C. Yang*
Andrea G. Aguirre, Santiago Artazcoz, Megan Loring, Luis Alonso Pacheco

Golden Laparoscope Award
Best Laparoscopic Surgical Video or Abstract on MIGS
Supported by Olympus America Inc.

Discoid Resection of Rectal Endometriosis Utilizing a Transanal Circular Stapler and Omental J-Flap

Lauren Siewertsz van Reesema, MD
Zenobia E. Ofori-Dankwa, MD
Kristina R. Humes, BS, RT(R)
Alexa P. Soult, MD
Joseph L. Hudgens, MD
Macon & Joan Brock Virginia Health Sciences, Eastern Virginia Medical School at Old Dominion University, Advanced Gynecological Surgical Center, Norfolk, Virgina

Award Committee
Chair: *Kristen J. Pepin*
Daniel S. Dias, Jovana Tavcar, Richard H. Cockrum, Aakriti R. Carrubba

IRCAD Award
Best Research in MIGS Education & Innovative Ideas in Teaching
Supported by Karl Storz Endoscopy America

Essential Techniques for Assisting in Laparoscopic Hysterectomy

Liron Bar-El, MD
Gabrielle Mintz, MD
Madison McCracken, MD
Jenna Danneberger, BSN
Cara R. King, DO, MS
Cleveland Clinic, Cleveland, Ohio

Award Committee
Chair: *Nicholas Fogelson,*
Pamela M. Frazzini Padilla, Devin M. Garza, Deirdre Lum, Jin Hee "Jeannie" Kim

Robotic Assisted Surgery Award
Best Robotic Surgery Abstract or Video on MIGS
Supported by Robotic Scholarship

Multidisciplinary Approach to Robotic Diaphragmatic Endometriosis Resection

Jessica Chaoul, MD
Jason Hawksworth, MD
Bryan Stanifer, MD
Arnold P Advincula, MD
Colombia University Medical Center/New York-Presbyterian Hospital, New York, New York

Award Committee
Chair: *Harold Y. Wu*
Arleen H. Song, Andrea L. Molina, Megan N. Wasson, Kirsten J. Sasaki

Scholarship and Endowment Awards

The Foundation of the AAGL Scholarship and Endowment Awards recognize extraordinary individuals for their achievements in MIGS. Special thanks to Dr. Ralph Turner, Sharon Sharett-Hasson, The Hunt Family, MedStar NCAPS, and FAAGL Donors for their support of these awards.

Harrith M. Hasson Scholarship
Physician From a Developing Economy Who is Empowewring Progress in MIGS Within Their Community

Adel Sedrati, MD
Constantine University
Constantine, Algeria, Africa

Award Committee
Chairs: *Ido Sirota and Lori Warren*
Andrew Brill, Brian M. Cohen, Elizabeth Pritts, Jon I. Einarsson

Jaroslav Hulka Scholarship
Fellow or Resident Empowering Progress in MIGS in North America

Leigh Ann Humphries, MD
Newton-Wellesley Hospital
Newton, Massachusetts

Award Committee
Chairs: *Julian Gingold and Krisztina Bajzak*
Olga Fajardo, Megan Orlando, Steven Radtke

Daniel F. Kott Scholarship
Fellow or Resident Empowering Progress in MIGS in Panamá, Colombia or Costa Rica

Ketzanireth Franco, MD
Raúl Dávila Mena Hospital
Changuinola, Panamá

Award Committee
Chairs: *Ralph Turner and Agnaldo Lopes da Silva Filho*
Nicholas Fogelson, Cheryl Iglesia, Erin Carey

Robert B. Hunt Exceptional JMIG Paper and Video Awards
The Robert Hunt Best Paper and Best Video Awards were determined by the JMIG Executive Editorial Board for the period of July 2024-June 2025.

Robert B. Hunt Award
Best Video Published in JMIG

Outcome and Surgical Technique of Robot-Assisted Living Donor Hysterectomy for Uterus Transplantation

Masato Tamate, MD, PhD
Sapporo Medical University
Hokkaido, Japan

Supporting Authors:
Giuliano Testa, MD, Laura Divine, MD, Liza Johannesson, MD, PhD
Baylor University Medical Center
Dallas, Texas, USA

Award Committee
Chairs: *Jason A. Abbott and Gary S. Frishman*
Ashin Fazel, Siddhi Mathur, Linda Michels, Dario Roque, Carla Tomassetti, Mireille Truong, Michael Wynn-Williams, Amanda Yunker

Robert B. Hunt Award
Best Paper Published in JMIG

A Multicenter, Randomized Controlled Trial to Assess Video-Based Surgical Coaching in Gynecology

Brenna E. Swift, MD, MSc
University of Toronto and Sunnybrook Health Sciences Center
Toronto, Ontario, Canada

Supporting Authors:
Charlotte Axelrod, MD, MSc, Anouk Benseler, MD, Anna Kobylianskii, MD, Danielle Vicus, MD, MSc, Stephane Laframboise, MD, Melissa Walker, MD, MSc, Mara Sobel, MD, MSc, Evan Tannenbaum, MD, MSc
University of Toronto, Toronto, Ontario, Canada
Sunnybrook Health Sciences Center, Toronto, Ontario, Canada
University Health Network, Toronto, Ontario, Canada
Mount Sinai Hospital, Toronto, Ontario, Canada

Award Committee
Chairs: *Jason A. Abbott and Gary S. Frishman*
Ashin Fazel, Siddhi Mathur, Linda Michels, Dario Roque, Carla Tomassetti, Mireille Truong, Michael Wynn-Williams, Amanda Yunker

Franklin D. Loffer Exceptional Resident Award
Resident Who Demonstrates Leadership Qualities and a Commitment to Empowering Progress in MIGS

Katie Kwon, MD
New York University Langone Health
New York, New York

Award Committee
Chairs: *Amy Garcia and Franklin D. Loffer*
Hosam Hanna, Anne Porter

MedStar NCAPS Diversity and Inclusion in MIGS Award
Best Research Abstract on Diversity and Inclusion in MIGS

Behind the Referral: How Race Influences the Chronic Pelvic Pain Experience

Sarah A. Santiago, MD
Fellowship of Minimally Invasive Gynecologic Surgery
University of Michigan
Ann Arbor, Michigan

Award Committee
Chairs: *Vadim Morozov and Linda Yang*
Megan Cesta, R. Edward Betcher, Vicky Vargas

Noteworthy Awards

The Foundation of the AAGL Noteworthy Awards are the highest honors bestowed by the Foundation of the AAGL. These prestigious awards celebrate individuals whose outstanding achievements, mentorship, and leadership have profoundly influenced the field of gynecologic surgery and contributed to the growth and success of their peers.

Barbara S. Levy AchieveHER Award
Supported by Medtronic

Honors an exceptional female leader in MIGS who has served in leadership, mentored others for five or more years, and played a pivotal role in paving the way for future generations of female surgeons.

Amani Harris, BMEDSC, MBBS(HONS), MADVGYNAESURG, MRMED
Sydney Minimally Invasive Gynaecologic Surgery
Caringbah, New South Wales, Australia

Award Committee
Chairs: *Barbara S. Levy and Mark Woodland*
Nicole Donnellan, Shanti Mohling, Sangeeta Senapati

Javier F. Magrina Excellence in Robotics Award
Supported by Intuitive Surgical

Recognizes an Outstanding Robotic Surgeon for Innovations, Mentorship and Leadership in Robotic Assisted Surgery

Gaby N. Moawad, MD
The Center for Endometriosis & Advanced Pelvic Surgery
Washington D.C. & Miami, Florida

Award Committee:
Chairs: *Charles Miller and Javier Magrina*
Peter Lim, MD, Paul Magtibay, Marie Paraiso

John F. Steege Mentorship Award
Supported by CooperSurgical

Recognizes an Outstanding AAGL Member who has Provided at Least Ten Years of Mentorship to Future MIG Surgeons

Amanda C. Yunker, DO, MSCR
Vanderbilt University, Nashville, Tennessee

Award Committee:
Chairs: *Lori Warren and Shailesh Puntambekar*
Mauricio Abrão, Jubilee Brown, Grace Janik

Enhance Your MIGS Expertise

Essentials in Minimally Invasive Gynecologic Surgery
AAGL ELEVATING GYNECOLOGIC SURGERY
EMIGS

- 80+ MIGS Lectures
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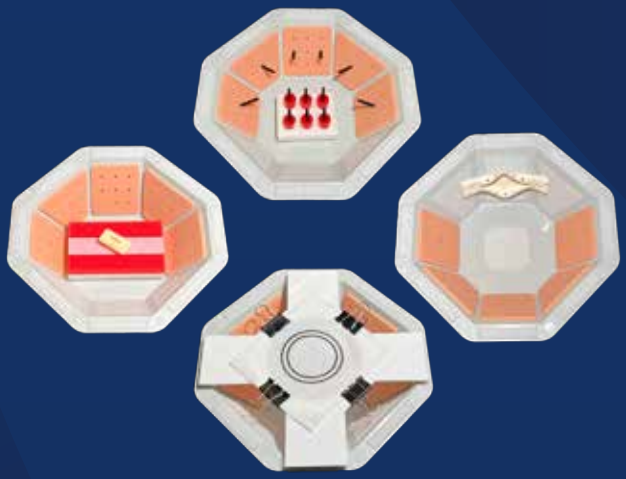
- Precision & Efficiency Metrics



Essentials in Minimally Invasive Gynecologic Surgery (EMIGS) is a comprehensive program designed by experts in the field over the past five years for the standardized education and assessment of MIGS knowledge and skills.

The program encompasses three main components, EMIGS Didactics, EMIGS Cognitive, and EMIGS Manual Skills. In addition, we strongly believe in the power of research in advancing and strengthening the program, and we have formalized this process under the leadership of experts in the field.

Take the Next Step. Scan QR for Program Details

aagl.org/emigs

AAGL ELEVATING GYNECOLOGIC SURGERY WORLDWIDE

Business Meeting

8:00 am – 8:15 am

Room 109

Experience Theaters

EXHIBIT HALL

8:30 am – 9:15 am

Theater 1

M&D Capital

Fireside Chat - Improving Patient Access to Specialty Surgical Care

In depth discussion of effective methods for improving access to patient care: network exceptions, appeals, patient advocacy, and the No Surprises Act.

Speakers:

Eric Shalolashvili, JD, Partner and General Counsel
Neal Shmidman, Partner and Chief Revenue Officer

Theater 2

Johnson & Johnson MedTech

Best Practices Managing Complex GYN Procedures: Featuring Next Generation Generator – DUALTO!

- Introducing the NEW DUALTO Generator!
- Hear from experts on various techniques for advanced gynecologic procedures.
- Recognize complications of advanced gynecologic surgery and methods to effectively manage them.
- Overview the safe and effective use of the HARMONIC Product Family, & ENSEAL Product Family.
- Open forum - audience Q&A

Speakers:

Steven McCarus, MD
Kurian Thott, MD
Kirsten Sasaki, MD

12:30 pm – 1:15 pm

Theater 1

Rejoni

It's Time to Take Endometrial Health Seriously

This session will overview the published data associated with Intrauterine Adhesions (IUAs), commonly referred to as Asherman Disease. We will answer your basic questions regarding incidence of IUAs, adverse reproductive outcomes associated with IUAs, the pathogenesis of IUAs and strategies to prevent the formation of IUAs.

Speakers:

Malcolm Munro, MD
Christina Salazar, MD
Rebecca Flyckt, MD

Theater 2

Applied Medical Resources

Anything You Can Do, I Can Do vNOTES

I Can Do MIGS Less Invasive Than You!

Speakers:

Jan Baekelandt, MD, PhD
Veronica Lerner, MD
Grover May, MD

General Session II

Monday, November 10, 2025

9:45 am – 10:45 am

Ballroom AB

CME

MED TALKS

Ishai Levin, MD, MBA, BPharm

Dr. Ishai Levin is a gynecologist specializing in minimally invasive surgery, with a focus on integrating new technologies into clinical practice. He holds an MD from Tel Aviv University and a B. Pharm from the Hebrew University of Jerusalem, both earned with honors. After completing his training in Israel and a fellowship program in gynecological surgery at Claude-Bernard Bichat Hospital in Paris, Dr. Levin developed expertise in laparoscopic and endoscopic procedures. Dr. Levin holds an Associate Professor position at the Gray Faculty of Medicine at the University of Tel Aviv and has authored and co-authored more than 80 publications in scientific literature.

In recent years, Dr. Levin has concentrated on the application of artificial intelligence (AI) in gynecological surgery. His work in this area was recognized at the 51st AAGL Global Congress, where he received the Daniel F. Kott Award for Best Abstract on Instrumentation and Technology. His research on AI in surgical procedures, including its role in improving safety and efficiency, is part of his broader interest in advancing technology-driven solutions in gynecology.

Dr. Levin is active in research and has presented at several international conferences. He continues to contribute to the development of innovative techniques in gynecology, with a focus on improving patient outcomes through technology and collaboration. Dr. Levin is also a member of the Board of Presidents of the Israeli Medical Association.

Currently, Dr. Levin serves as Director of the Gynecology Department at the Endometriosis Multidisciplinary Center at Tel Aviv Sourasky Medical Center. His clinical work focuses on minimally invasive approaches to complex gynecological conditions. He is also involved in teaching and mentoring at Tel Aviv University, where he has been recognized for his contributions to medical education.

9:45 am

MedTalk II: Real-World Surgical Intelligence: How AI is Transforming Practice, Training, and Documentation

Highlighting the transition from theory to real-world practice, this talk explores how AI and computer vision are already revolutionizing gynecologic surgery in the field. Current, real-world surgical intelligence applications are presented to illustrate the transformative potential of incorporating intraoperative video into daily workflows, enabled by routine, automated video capture and storage, AI-based structuring, and EHR integration. Attendees will discover how intraoperative visibility, finally made possible by these foundational technologies, is helping surgeons improve procedural performance, advancing education and training, and promoting quality. The talk emphasizes the role of AI in data-driven learning, enabling precise feedback, benchmarking, and refining evidence-based practice. Attendees will also learn how AI supports video-based operative reporting - addressing blind spots in traditional documentation - and facilitates impactful clinical research. Through key use cases and outcomes, we tackle obstacles to adoption and provide a forward-looking perspective on how AI drives safety, efficiency, and excellence in gynecologic surgery.

Learning Objectives: *After attending this session, the participant will be able to:* 1) Recognize the need for and merits of routine, automated video capture and AI-based structuring in minimally invasive gynecologic surgery; 2) Describe real-world applications of AI and computer vision technologies that are currently transforming surgery and impacting women's health; and 3) Explain how existing AI and computer vision technologies are applied to advance specific areas in surgery, including quality assurance, education and training, documentation, and clinical research.

Ryan McAdams, MD

Dr. Ryan McAdams is a neonatologist, artist, and AI researcher who works at the intersection of medicine's greatest challenges and emerging solutions. A former Air Force physician with global health experience across four continents, Dr. McAdams has witnessed medicine's stark inequalities—from village clinics in Cambodia to Mongolia's remote hospitals. These experiences shaped his commitment to democratizing critical care and advancing neuroprotection for the world's most vulnerable patients.

As Professor of Pediatrics at the University of Wisconsin and co-founder of NeoMIND-AI, Dr. McAdams develops computer vision systems that guide neonatal procedures and detect physiological patterns invisible to the human eye. His research—spanning bench science, translational studies, and clinical trials—focuses on preventing perinatal brain injury and optimizing neurodevelopmental outcomes. Guided by the belief that every newborn deserves the best possible start in life, his innovations emphasize that technology should advance universal access—ensuring survival and healthy brain development are not determined by geography. Dr. McAdams has authored over 100 peer-reviewed publications spanning neonatology, neurodevelopment, global health, and AI innovation.

10:00 am **Jordan M. Phillips Keynote Address**

What Surgeons See That Algorithms Don't (And Why You Need Both)

Learning Objectives: *After attending this session, the participant will be able to:* 1)Explain how AI enhances human perception and decision-making across the continuum of care—from the operating room and beyond; 2) Recognize the safety, validation, and ethical principles needed to integrate AI responsibly into procedural and clinical practice; 3) Identify practical steps to evaluate and adopt AI tools that improve precision, equity, and outcomes in patient care.

10:45 pm **Adjourn**

Surgical Tutorial 1
Navigating Complex Surgical Scenarios in Patients with Mullerian Anomalies

11:00 am – 12:00 pm CME
Room 203

Chair: *Leila V. Adamyan*
Faculty: *Artur Ludwin, Assia A. Stepanian*

This course is presented by the surgeons and scientists with decades of experience and leadership in management of Female Genital Anomalies. Each class of malformations will be addressed through the prism of innovation in diagnosis, strategy, surgical techniques, technological advancements, capable of enhancing selection of surgical approaches best suitable for various clinical scenarios, including conditions associated with Mullerian anomalies and combined anomalies. We will share data learned from computer vision, functional MRI, preoperative modeling, intraoperative navigation, and science, and apply them to surgical decision-making, increasing the precision of our interventions.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Demonstrate proficiency in cutting-edge technology for precise diagnosis, surgical modeling, planning, and navigation in endoscopic surgery for each class of Mullerian Anomalies; 2) Apply philosophy, surgical planning, and advanced surgical techniques in treating patients with combined mullerian anomalies and associated pathology; and 3) Implement strategies for safe surgery and in preservation of fertility in patients with obstructive types of anomalies, including vaginal and/or cervical agenesis in patients with functional uteri.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview *L. Adamyan*
11:05 am	Complex Surgical Scenarios in Patients with Mullerian Anomalies. Augmenting Precision of Surgery and Decision-Making with Advances in Imaging, Modeling, and Navigation in Patients with Total Mullerian Agenesis, Obstructive Anomalies, and Rare Forms *L. Adamyan*
11:20 am	Precision in Hysteroscopic Surgery for Uterine Anomalies *A. Ludwin*
11:35 am	From Science and Advanced Surgical Techniques to Improved Reproduction in Patients with Mullerian Anomalies *A. Stepanian*
11:50 am	Discussion Questions & Answers
12:00 pm	Adjourn

Surgical Tutorial 2
Everything You Want to Know About Surgery in Morbidly Obese Patients. A Lesson From Personal Experience of 500 Complex Cases in Patients With BMI > 40

11:00 am – 12:00 pm CME
Room 206

Chair: *Hubert Fornalik*
Faculty: *Dario R. Roque, Maram Said*

The course provides a review of our approach to surgeries in morbidly obese patients with BMI up to 83. We discuss preoperative, intraoperative and postoperative management along with 52 modifications to standard techniques that we have adopted with special focus on management of steep Trendelenburg position (40 degrees) and anesthesia. Exposure, surgical technique, instruments and positioning will be discussed. Presentation is enhanced by intraoperative videos and tutorials.

With ever increasing rates of morbid obesity and poor access to care, there are more and more patients needing complex gynecologic surgery. In this course, we present unpublished observations about surgeries in morbidly obese patients, including poorly understood issues related to positioning and ventilation. This practical guide on managing surgeries in morbidly obese patients can be implemented in almost any setting.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Consider unique aspects of physiology and anatomy of morbidly obese patients as they apply to ventilation and positioning; 2) Identify preoperative surgical anesthesia and postoperative modifications that can improve outcomes; and 3) Transform surgery in morbidly obese patients to (almost...) standard surgery.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview H. Fornalik
11:05 am	Clinical Evidence for Successful Robotic Surgeries in Patients with BMI>40 M. Said
11:20 am	Anesthesia Management During Surgery H. Fornalik
11:35 am	Positioning Morbidly Obese Patients: 40-Degree Trendelenburg Position, Instruments, Equipment and Techniques D. Roque
11:50 am	Discussion Questions & Answers
12:00 pm	Adjourn

Panel 1
AI and AR in Gynecology Endoscopy, the Revolution is Already Here!

11:00 am – 12:00 pm CME
Room 211

Chair: *Sergio Haimovich*
Faculty: *Phillip Connell, Sergio Haimovich, Gaby N. Moawad*

"AI and AR in gynecology endoscopy, the revolution is already here!" is an exciting and timely session that showcases the cutting-edge advancements in artificial intelligence (AI) and augmented reality (AR) within the field of gynecological endoscopy. This session highlights how these technologies are transforming surgical practices, improving patient outcomes, and revolutionizing medical education. This session emphasizes that the revolution in gynecological endoscopy through AI and AR is not a future prospect but a present reality. It aims to inspire attendees to embrace these technologies, highlighting their potential to enhance surgical precision, improve patient care, and accelerate the learning curve for new surgeons in the field of gynecological endoscopy.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Analyze the current applications of AI and AR in gynecological endoscopy, including AI-enhanced imaging for improved diagnostic accuracy and AR-assisted surgical navigation for precise anatomical localization; 2) Evaluate the clinical impact of AI and AR technologies in gynecological procedures, such as reduced operative times, enhanced detection of abnormalities, and improved decision-making support during complex surgeries; and 3) Explore emerging AI and AR technologies in gynecological endoscopy, including AI-powered robotic systems for minimally invasive procedures and advanced AR platforms for immersive 3D visualization of patient anatomy.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview *S. Haimovich*
11:05 am	AI and XR in Medical Practice: A Comprehensive Overview *P. Connell*
11:20 am	The Future of Robotics, Are We Still Going to Be Needed? *G. Moawad*
11:35 am	Year 2035, a Day in An Endoscopic Surgeon's Life S. Haimovich
11:50 am	Discussion Questions & Answers
12:00 pm	Adjourn

Debate 1
Ovaries in Endometriosis Surgery: Preserve or Remove?

11:00 am – 12:00 pm
Room 212

CME

Chair: *Sukhbir S. Singh*
Faculty: *Sarah Maheux-Lacroix, Ally Murji*

Debate Resolution: Be it resolved that in a 45-year-old patient with severe deeply infiltrating endometriosis, who is undergoing hysterectomy, bilateral salpingoophorectomy should be concurrently performed. This debate explores the challenging decision of ovarian preservation versus removal in severe endometriosis surgery. Attendees will gain insights into the risks and benefits of each approach, focusing on recurrence rates, hormonal implications, and long-term health outcomes. The session will review evidence-based strategies, highlight critical decision-making factors, and emphasize patient-centered care. Through expert opinions and data, participants will be equipped to navigate this complex surgical dilemma with confidence.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Assess the advantages and disadvantages of ovarian preservation in women undergoing surgery for severe endometriosis; 2) Evaluate the risk of recurrence and reoperation associated with ovarian preservation versus removal; and 3) Apply evidence-based principles to tailor surgical decisions to individual patient needs and long-term health outcomes.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview *S. Singh*
11:05 am	Ovaries Should Be Removed *A. Murji*
11:25 am	Ovaries Should be Preserved *S. Maheux-Lacroix*
11:45 am	Discussion Questions & Answers
12:00 pm	Adjourn

Oral Session 1
Fibroids

11:00 am – 12:00 pm
Room 219

Moderators: *S[illegible] M[illegible]ling and Danielle Luciano*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:05 am	Optimizing Patient Decision-Making for Uterine Fibroid Surgery: Qualitative Insights for a Decision Aid *E. Pascoal, S. Pietropaolo, A. Nensi, A. Simpson, D. Robertson*
11:11 am	Evaluation of Virtual Hysteroscopy (VH) with Conventional Hysteroscopy in Submucosal Fibroids *U. R, S. Naval*
11:17 am	Risk of Uterine Rupture after Laparoscopic Myomectomy: Korean National Health Insurance Data *H. Song, Y. Kim, S. Hur, J. Paek, M. Song*
11:23 am	Examining the Impact of a Minimally Invasive Gynecologic Surgery Safety-Net Clinic on Fibroid Surgery: A Retrospective before & after Study *C. Burns, M. Cantave, C. Mulligan, E. Bardawil, K. De Souza, K. Scholl, M. Tepe, D. Wang, W. Ross*
11:29 am	Evaluation of Novel AI Assisted Algorithm for Segmentation of Uterine Fibroids *S. Naval, D. Anagani, D. BR, S. Kothamachu*
11:35 am	Validation of an AI-Based Anatomical Landmark Recognition System for Pelvic Lymph Node Dissection in Gynecologic Surgery *S. Takenaka, H. Matsuzaki, M. Homma, A. Kouno, Y. Nakanishi, N. Takeshita, H. Tanabe, Y. Tsukada*
11:41 am	Disparities in Access and Wait Times for Urogynecology Procedures: A Comparative Analysis Using the Relative Index of Inequality *N. Dogra, S. Shamiya, A. Allen-Valley, K. Rai, C. Gungor, T. Zigras, L. Rosella, A. Murji, A. Cipolla, E. Miazga*
11:47 am	Discussion Questions & Answers
12:00 pm	Adjourn

Video Session 1
Basic Science

11:00 am – 12:00 pm
Room 220

Moderators: *Adrian Balica and Fernando Heredia*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:05 am	Development of a Simulation Model for Minimally Invasive Ovarian Cystectomy *C. Liao, S. Fisher, W. Wieczorek, D. DeFilippis, M. Truong*
11:11 am	Surgical Crisis Simulation: Creation of a Cost-Effective, Low-Fidelity Laparoscopic Vascular Injury Model *C. Saad, A. Afewerki, N. Kerner, M. Larzelere, K. Stampler, L. Berkowitz, D. Zoorob*
11:17 am	Essential Techniques for Assisting in Laparoscopic Hysterectomy *L. Bar-El, G. Mintz, M. McCracken, J. Danneberger, C. King*
11:23 am	Novel Model Employing the Placenta for Pelvic Dissection *S. Ali, A. Trivedi, E. Williams, R. Deger*
11:29 am	No Tube, Still Ectopic: Laparoscopic Resection of Interstitial Pregnancy *E. Farabee, R. Barbaresso, W. Nolan, R. Paya Pasic, S. Parikh*
11:35 am	Design of a Laparoscopic Simulation Model for Retroperitoneal Dissection, Ureterolysis, and Ligation the Uterine Artery at Its Origin *A. Hillebrand, L. Kao, L. Michel*
11:41 am	Laparoscopic Excision of Vaginal Cuff Endometriosis *R. Bealer, C. Kwon, E. Carey, R. Silverstein*
11:47 am	Discussion Questions & Answers
12:00 pm	Adjourn

Video Session 2
Endometriosis

11:00 am – 12:00 pm
Room 221

Moderators: *Olga Bougie and Joao Paulo Epprecht*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:05 am	Deep Endometriosis Affecting the Rectosigmoid and Vagina: A Surgical Strategy to Preserve Functionality *G. Rodrigues, P. Ayroza Ribeiro, C. Tomonaga, F. Oliveira, F. Ohara, H. Salomão*
11:11 am	Deep Infiltrating Rectovaginal Endometriosis: Partial Vaginectomy and Anterior Discoid Resection *K. Kwon, T. Lee*
11:17 am	Multidisciplinary Approach to Robotic Diaphragmatic Endometriosis Resection *J. Chaoul, J. Hawksworth, B. Stanifer, A. Advincula*
11:23 am	Unusual Presentation of Rectovaginal Septum Endometriosis: Cystic Endometrioma *P. Bellelis, M. Corinti Son, V. Bruscagin, D. Caraca*
11:29 am	Robotic Assisted and Cystoscopic Partial Cystectomy for Deep Endometriosis: A Bladder Sparing Approach *F. Lee Yamada, T. Dantas, A. Kopelman, E. Schor*
11:35 am	Seven-Step Approach to Deconstructing the Obliterated Posterior Cul-De-Sac *M. Briggs, K. Stewart, D. Encalada Soto, A. Cope, I. Green, Z. Khan, T. Burnett*
11:41 am	Step-By-Step Vaginal Anvil Insertion and Specimen Extraction for Rectosigmoidectomy in Endometriosis *I. Chiminacio, J. Petry, C. Obrzut, H. Sabadin*
11:47 am	Discussion Questions & Answers
12:00 pm	Adjourn

Video Session 3
Robotics

11:00 am – 12:00 pm
Room 223

Moderators: *Ikuko Sakamoto and Fatih Sendag*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:05 am	Successful Pregnancy after Extensive Robotic Adenomyosis Surgery Using the Double-Flap Technique and Intrauterine Indocyanine Green *M. Oliveira, T. Pereira, J. Alves, B. Faria*
11:11 am	Robotic-Assisted Isthmocele Repair: A Review of Surgical Principles in a Patient Desiring Future Fertility *N. Catalano, S. Tillotson, C. Reese*
11:17 am	Robotic-Assisted Laparoscopic Management of Cesarean Scar Pregnancy *B. Lin, E. Crihfield*
11:23 am	Minimally Invasive Benign Hysterectomy Surgical Technique Using the MIRA Surgical System Under Ide-Study Protocol. *J. Dubuisson, N. Gomez, G. Heidrick, M. Diana, T. Erickson, T. Martin, P. Hinoul, R. Estape*
11:29 am	Robotic Approach to Iatrogenic Intra-Abdominal Pregnancy *K. Brito, J. Kim, W. Zhang, J. Lager, T. Ito*
11:35 am	Fertility-Preserving Robotic Assisted Management of OHVIRA Syndrome (Obstructed Hemi-Vagina) *R. Jalloul, M. Cusick, V. Tammisetti*
11:41 am	Robotic VRAM Flap for Pelvic Reconstruction: Technical Tips and Pitfalls *E. Erdemoglu, A. Rebecca, J. Yi*
11:47 am	Discussion Questions & Answers
12:00 pm	Adjourn

AGES Panel
Conservative Surgical Management for Rectal Muscularis Endometriosis

11:00 am – 12:00 pm
Ballroom A

CME

Chair: *Michael Wynn-Williams*
Faculty: *Danny Chou, Naomi Holbeach, Emma Readman, Samantha S. Mooney*

This 60-minute panel, hosted by the Australasian Gynaecological Endoscopy and Surgery (AGES) Society, brings together leading experts from Australia and New Zealand to explore the latest in conservative surgical management of deep infiltrating rectal muscularis endometriosis. Emphasising the importance of preserving bowel function and improving patient outcomes, this session highlights the evolution of minimally invasive techniques, the adoption of emerging technologies, and the development of innovative frameworks for surgical progress.

The session begins with a welcome from Chair Dr. Michael Wynn-Williams, President of AGES, who sets the scene for a lively and forward-looking discussion. Associate Professor Emma Readman kicks off the panel with a key review of the evidence comparing conservative and radical surgical options for rectal muscularis endometriosis. Her talk highlights the need for personalised care, weighing symptom relief against the risks of complications and long-term functional outcomes.

Dr Sam Mooney provides a practical overview of traditional laparoscopic discoid resection techniques. Through operative video demonstrations, she illustrates the technical nuances of rectal shaving and mechanical disk resection—procedures that remain fundamental in conservative surgical management. These techniques are assessed in terms of efficacy, safety, and their suitability in various clinical scenarios.

Dr Danny Chou then introduces the Sydney Shave Technique, a novel and highly targeted approach that applies Laparoscopic Reverse Submucosal Dissection (LRSD) principles to the excision of rectal muscularis endometriosis. This technique marks a significant advancement in conservative surgery, allowing precise lesion removal while preserving rectal integrity and minimising postoperative morbidity. Dr Chou's presentation includes surgical footage and technical insights, giving attendees a detailed understanding of this innovative method.

Dr Naomi Holbeach concludes the panel with a broader perspective on surgical innovation. Using the Sydney Shave Technique as a case study, she presents a structured framework for the safe and effective introduction of new surgical procedures. Her framework emphasises clinical governance, reproducibility, and outcome monitoring, providing a clear guide for integrating innovation into routine practice while ensuring patient safety and maintaining high standards.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Examine the evidence for conducting conservative versus radical surgery for symptomatic rectal endometriosis; 2) Review conventional conservative methods for minimally invasive rectal endometriosis resection, featuring a video of rectal shaving and mechanical disk resection; 3) Introduce the innovative Sydney Shave technique for the resection of rectal muscularis endometriosis, which employs Laparoscopic Reverse Submucosal Dissection (LRSD) principles; 4) Explore a new framework for introducing novel surgical techniques, using the Sydney Shave technique as a model.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview *M. Wynn-Williams*
11:05 am	Evidence for a Conservative Versus Radical Approach to Rectal Muscularis Endometriosis *E. Readman*
11:16 am	Traditional Laparoscopic Rectal Discoid Resection Approaches for Rectal Muscularis Endometriosis *S. Mooney*
11:27 am	The Sydney Shave Technique - An Innovative Conservative Approach to

MONDAY

Lunch in Exhibit Hall B
12:00 pm – 2:00 pm

JMIG
The Journal of Minimally Invasive Gynecology

EDITORS' AWARDS LUNCHEON

by invitation

Monday, November 10 • 12:15-1:15pm • Room 302

Co-Editors-in-Chief:

Jason A. Abbott, B Med (Hons), PhD, and Gary N. Frishman, MD

The Journal of Minimally Invasive Gynecology hosts this luncheon to recognize the contributions of our outstanding Editors, Ad Hoc Reviewers, and Social Media Scholars.

We celebrate and give thanks to the dedicated experts, without whom continued success would be impossible.

Robert B. Hunt Awards

Robert B. Hunt Award
Best Paper Published in JMIG

July 2024-June 2025

Supported by the Robert B. Hunt Endowment

A Multicenter, Randomized Controlled Trial to Assess Video-Based Surgical Coaching in Gynecology

Brenna E. Swift, MD, MSc

Charlotte Axelrod, MD, MSc, Anouk Benseler, MD, Anna Kobylianskii, MD, Danielle Vicus, MD, MSc, Stephane Laframboise, MD, Melissa Walker, MD, MSc, Mara Sobel, MD, MSc, Evan Tannenbaum, MD, MSc

Robert B. Hunt Award
Best Video Published in JMIG

July 2024-June 2025

Outcome and Surgical Technique of Robot-Assisted Living Donor Hysterectomy for Uterus Transplantation

Masato Tamate, MD, PhD

Giuliano Testa, MD, Laura Divine, MD, Liza Johannesson, MD, PhD

Dr. Hunt was one of the preeminent leaders of the AAGL: President of the AAGL 1991 – 1992 and founding Editor-in-Chief of The Journal of the AAGL, now The Journal of Minimally Invasive Gynecology, from its inception in 1993 until he retired in 2002. He was instrumental in establishing this well-respected journal which informs and educates physicians all over the world.

Club Reviewers in the categories below are based on cumulative reviews from the beginning of their tenure indicating a tremendous level of service to JMIG.

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Surgical Tutorial 3
Precision Medicine in Hysteroscopy: Hysteroscopy in Pregnancy and Pregnancy Loss

2:00 pm – 3:00 pm
Room 203
CME

Chair: *Noam Smorgick*
Faculty: *Oshri Barel, Sireen Jaber, Noam Smorgick*

Hysteroscopy has revolutionized the diagnosis and management of intrauterine pathologies. The next frontier of hysteroscopy is the management of pregnancy related pathologies with the aim of improving reproductive outcomes and reducing intrauterine adhesions. This surgical tutorial will focus on emerging hysteroscopic techniques for pregnancy-related indications such as hysteroscopy for removal of intrauterine device in pregnancy and surgical termination of early pregnancy loss. Finally, we will review the latest evidence regarding the incorporation of artificial intelligence for the evaluation the "uterine factor" in women with infertility and repeated pregnancy loss.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe and perform hysteroscopy for removal of intrauterine device in pregnancy; 2) Describe and perform hysteroscopy for surgical management of early pregnancy loss; and 3) Complete a hysteroscopic evaluation of the uterine factor for infertility and repeated pregnancy loss.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview *N. Smorgick*
2:05 pm	Hysteroscopy for Surgical Management of Early Pregnancy Loss *N. Smorgick*
2:20 pm	Optimizing the Uterine Factor in Infertility and Recurrent Pregnancy Loss: Incorporating Artificial Intelligence in Our Hysteroscopic Evaluation *O. Barel*
2:35 pm	Hysteroscopic Removal of Intrauterine Device in Pregnancy Surgical Technique and Obstetrical Outcomes *S. Jaber*
2:50 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Panel 2
Revolutionizing Minimally Invasive Gynecology: Cutting-Edge Research and AI-Driven Innovations.

2:00 pm – 3:00 pm
Room 206
CME

Chair: *Meghan M. Brennan*
Faculty: *Nicolas Bourdel, Nash S. Moawad*

This dynamic panel explores groundbreaking advancements in minimally invasive gynecology, focusing on improving outcomes for endometriosis patients through cutting-edge technology and research. Dr. Nash Moawad and Dr. Amira Quevedo will discuss their research in the development of AI-driven prediction models and quality improvement initiatives aimed at enhancing early diagnosis and timely referral to specialists, addressing a critical gap in endometriosis care. Experts will also present insights from multi-omic research, uncovering microbiome-based biomarkers to refine pain phenotyping and therapeutic approaches. Finally, Dr. Nicolas Bourdel highlights the potential of augmented surgical tools, to revolutionize precision and efficiency in minimally invasive procedures. Attendees will gain valuable perspectives on integrating these novel strategies into clinical practice, paving the way for personalized care and transformative advancements in gynecologic surgery.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Demonstrate AI Applications: Explain how AI models can be harmonized to improve early diagnosis and specialist referral for endometriosis, with examples of measurable quality improvement outcomes; 2) Define Precision Phenotyping: Present key findings from multi-omic research that identify biomarkers linked to endometriosis pain phenotypes and their clinical relevance; and 3) Assess Surgical Innovation: Evaluate the impact of augmented surgical technology on surgical precision and efficiency in minimally invasive gynecology through case studies and performance metrics.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview *M. Brennan*
2:05 pm	AI-Driven Solutions for Early Diagnosis and Expert Referral in Endometriosis Care *M. Brennan*
2:20 pm	Development of an AI-Driven Endometriosis Prediction Model *N. Moawad*
2:35 pm	Revolutionizing Precision and Efficiency With Augmented Reality Technology in Minimally Invasive Gynecologic Surgery *N. Bourdel*
2:50 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Debate 2
Correct or Neglect? Cracking the Asymptomatic Niche Mystery

2:00 pm – 3:00 pm
Room 211
CME

Chair: *Aya Mohr-Sasson*
Faculty: *Roy Mashiach, Alvaro Montealegre*

This course offers a detailed review of literature addressing the unresolved question of whether uterine scar defects, or niches, should be corrected in asymptomatic patients before or during pregnancy. Key topics include the impact of niches on fertility, such as reduced embryo implantation rates and increased miscarriage risks and their association with pregnancy complications, including abnormal implantation, placentation, and life-threatening uterine rupture. High-quality evidence and video demonstrations will illustrate the debated approaches and techniques, providing valuable insights into the management of niches in patients seeking future fertility.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Evaluate evidence and perspectives in order to critically analyze the existing literature on niche correction for asymptomatic patient for fertility reasons; 2) Raise awareness of this unresolved clinical question and highlight its multifaceted aspects; and 3) Provide evidence-based insights and practical guidance on managing niches before and during pregnancy.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview *A. Mohr-Sasson*
2:05 pm	Niche Correction: Does It Really Make a Difference? *R. Mashiach*
2:25 pm	Repairing the Niche: Why Correction Matters *A. Montealegre*
2:45 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Oral Session 2
Endometriosis

2:00 pm – 3:00 pm
Room 212

Moderators: *Anna Reinert and Juan L. Salgado Morales*

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:05 pm	Disc Excision for Colorectal Endometriosis As a Feasible and Safe Alternative to Segmental Resection: 5-Year Follow-up Study *L. Bar-El, R. Meyer, B. Merlot, Q. Denost, H. Roman*
2:11 pm	Histologic Comparison of Ablative Techniques for Endometriosis: A Randomized Trial *D. Namaky, M. Carrel-Lammert, J. Hoehn, J. Yeung*
2:17 pm	Revolutionizing Rectal Endometriosis Surgery: A Mesentery-Sparing Hand-Sewn Technique *Y. Zhou*
2:23 pm	Evaluating AI-Driven 3D Surgical Models for Laparoscopic Strategy in Complex Endometriosis *K. Thott, D. Godbole*
2:29 pm	Behind the Referral: How Race Influences the Chronic Pelvic Pain Experience *S. Santiago, J. Llanora, G. Schweitzer, G. Whitmore, S. Till, S. As-Sanie*
2:35 pm	Hysterectomy Should Not be Described As the 'Definitive' Procedure for Treating Patients with Endometriosis *C. Broomfield, C. Tjoa, C. Ng, R. Deans, E. Nesbitt-Hawes, J. Abbott*
2:41 pm	AMH Levels before and after Non-Ovarian Endometriosis Excisional Procedures *O. Onwumere, M. Holden, A. Kosturakis, M. Pisarska, K. Hamilton, R. Meyer*
2:47 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Oral Session 3
Research

2:00 pm – 3:00 pm
Room 219

Moderators: *Asha Bhalwal*

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:05 pm	Precision in Endometrioma Surgery: Fellowship Training Predicts Ovarian Preservation and Guideline Adherence *J. Clay, A. Newark, Y. Meng, M. Martin, M. Billow*
2:11 pm	Non-Invasive Electroviscerography for the Diagnosis of Endometriosis: A Prospective Pilot Study *M. Andres, A. Servidoni, A. Luduwig, L. Passos, M. Brunoro, M. Abrao*
2:17 pm	FMIGS Care Deserts in the United States *A. McClurg, E. Carey, I. Ninh, K. Schaefer, C. Robertson*
2:23 pm	Preoperative Hypoalbuminemia and Surgical Complications in Benign Minimally Invasive Hysterectomy *Y. Yagur, G. Levin, O. Ezike, K. Ciesielski, R. Meyer*
2:29 pm	Safe without Suction: RCT Challenges Routine Gastric Decompression in Laparoscopy *K. Karlson, M. Milad, A. Gauf, A. Chaudhari, S. Tsai, L. Yang, P. Voigt, L. Yu, A. Emeka*
2:35 pm	Addition of Metronidazole to Cefazolin for Surgical Site Injection Prophylaxis in Hysterectomy: A Systematic Review and Meta-Analysis *M. Jackson, L. Eckhardt, M. Zamani, P. Levett, S. Endicott*
2:41 pm	Insurer Influence on Benign Hysterectomy Claims: Trends in Prior Authorization and Denials *P. Maghsoudlou, A. Fitzgerald, G. Namazi, M. Ajao, L. King*
2:47 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Video Session 4
Endometriosis

2:00 pm – 3:00 pm
Room 220

Moderators: *Sarah Maheux-Lacroix and Ally Murji*

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:05 pm	Laparoscopic Excision of Obturator Nerve Endometriosis: A Stepwise Approach *S. Alani, D. Bach Nguyen, F. Mansour, J. Papillon-Smith, S. Krishnamurthy, A. Zakhari*
2:11 pm	Parametrial Endometriosis: End-to-End Ureteral Laparoscopic Anastomosis *A. Cosimi, H. Dionisi*
2:17 pm	Approach to the Robotic Splenectomy for Splenic Involvement of Endometriosis *E. Ferrigni, Z. Fong, L. Chen, M. Wasson*
2:23 pm	Targeted Excision of Deep Nerve Endometriosis (Sciatic–Pudendal–Presacral) with Ionm-Guided Surgical Precision *T. Seckin, A. Chu, H. Kula, J. Silverstein, T. Seckin*
2:29 pm	Perioperative Considerations for Abdominal Wall Endometriosis *C. Min, S. Guang, C. Arora*
2:35 pm	Robotic-Assisted Laparoscopic Excision of Bladder Leiomyoma at Time of Hysterectomy *J. Wu, J. Gahan, A. Song*
2:41 pm	Myoma, Mass, or Mystery? *K. O'Donnell, P. Jeyalingam*
2:47 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Video Session 5
New Instrumentation

2:00 pm – 3:00 pm
Room 221

Moderators: *Amani Harris and Richard Rosenfield*

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:05 pm	Greening the OR: 10 Steps Towards Sustainability in Gynecologic Surgery *R. Schneyer*
2:11 pm	Applications of Near-Infrared Technology in Minimally Invasive Gynecologic Surgery *R. Nuss, R. Sobota, M. Truong, A. Snyder, L. Cosgriff, C. Iglesia*
2:17 pm	A Rare Case of Ohvira Requiring Laparoscopic Hemihysterectomy *E. Lehembre-Shiah, K. Das, A. Mayhew*
2:23 pm	Interventional Radiology Guided Excision of Proximal Oblique Vaginal Septum in Pediatric Patient with Ohvira *S. Ahluwalia, C. Polkinghorn, J. Reis, L. Yu*
2:29 pm	Ilioinguinal and Iliohypogastric Nerve Block: A Low Fidelity Task Trainer *H. Kelly, J. Wu, M. Lachiewicz*
2:35 pm	Applications of Near Infrared Fluorescence Imaging in Non-Malignant Gynecologic Surgery *J. Shields, M. Cusimano, J. Kim, E. Gagliardi, A. Gargiulo, C. Johnson*
2:41 pm	Optimizing Percutaneous Sacrospinous Fixation with Suture Passing Device *G. Seeland, R. Greer, D. Shalom*
2:47 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Video Session 6
Laparoscopy

2:00 pm – 3:00 pm
Room 223

Moderators: *Krisztina Bajzak and Mark Hoffman*

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:05 pm	Cervical Stump Fibroid: Approach to Trachelectomy of a Dilated Cervix *R. Pendse, A. Connor, H. Reddy*
2:11 pm	Laparoscopic Management of Cervical Agenesis: A Rare Case Report *J. Dubuisson, V. Crofts*
2:17 pm	Precise Port Placement: An Analytic Review of Lower Quadrant Anatomy *C. Akesson, G. Mintz, S. Sridhar, A. Gubbels*
2:23 pm	The "Ureteral Raincoat". the Ceccaroni Ureteral Wrapping with Omental Free Flap after Parametrial Surgery for Deep Endometriosis M. Ceccaroni, G. D'Ancona, G. Roviglione
2:29 pm	Above and below Hybrid Hysterectomy: Minimally Invasive Approach to a Prolapsed Uterus *B. Huggins, L. Himel, J. Schorge*
2:35 pm	Fistula after Fibroids: Minimally Invasive Solution for a Uterocutaneous Tract *M. Hotz, I. Ostrowski, S. Kass, A. Grant*
2:41 pm	Laparoscopic Hemi-Hysterectomy for Ohvira *M. Glick, K. Hamilton*
2:47 pm	Discussion Questions & Answers
3:00 pm	Adjourn

APAGE Panel
Advanced vNOTE Surgery in Minimally Invasive Gynecology: Scarless and Future-Proof Solutions

2:00 pm – 3:00 pm
Ballroom A

Chair: *Chyi-Long Lee*
Faculty: *Ichnandy A. Rachma, Ala' U'wais*

This panel will delve into the cutting-edge advancements of Vaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) in the field of minimally invasive gynecology. The focus will be on achieving optimal patient outcomes through a scarless surgical approach while enhancing ergonomics and efficiency for surgeons.

Our speakers will provide insightful presentations on the benefits and perspectives of vNOTES, including practical tips for training, patient selection, case preparation, and procedural steps for integrating vNOTES into daily clinical practice. A structured, safe, and stepwise technique for initiating vNOTES hysterectomy will be highlighted. The speakers will also explore the application of vNOTES in complex surgical cases and its integration with other advanced technologies, such as robotics and ablative systems.

Each panelist will share valuable insights from their respective training centers, covering aspects such as setup, instrumentation, and procedural nuances. This session aims to empower attendees with the knowledge and skills to confidently adopt and expand the vNOTES technique in their practice, improving both patient care and surgical workflow.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Evaluate the benefits of vNOTES for both patients and surgeons, emphasizing improved outcomes and enhanced surgical ergonomics; 2) Employ key tips and techniques for training, patient selection, case preparation, and performing vNOTES procedures in routine practice; and 3) Develop a personal learning curve for vNOTES implementation and explore ways to integrate it with existing technologies available in their centers.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview *C. Lee*
2:05 pm	Safe Peritoneal Entry in Abnormal Pelvic Anatomy *A. U'wais*
2:20 pm	vNOTES for Large Fibroids: Step-By-Step Hysterectomy *I. Rachman*
2:35 pm	Future Perspectives of vNOTES *C. Lee*
2:50 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Panel 3
Review of Fibroid Management: Optimizing Diagnosis, Treatment, and Future Directions Shaped by Artificial Intelligence (AI)

3:15 pm – 4:15 pm
Room 203

CME

Chair: *Azra Sadikovic*
Faculty: *Uchenna C. Acholonu Jr., Wendelly Vasquez*

This course will explore the latest advancements in fibroid diagnosis, treatment options and management strategies. We will discuss non-invasive imaging techniques for improved diagnosis, as well as the emerging role of artificial intelligence in enhancing imaging interpretation. Speakers will review the broad spectrum of current treatment modalities, from medical management to minimally invasive surgical approaches, and explore future treatment modalities, including potential impact of artificial intelligence (AI) on advancing diagnosis and therapeutic approaches.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Use diagnostic tools and treatment approaches for managing fibroids; 2) Explore the role of artificial intelligence (AI) in shaping future treatments; and 3) Examine emerging treatment options for fibroids.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview *A. Sadikovic*
3:20 pm	Fibroid Treatment Options and Future Directions *A. Sadikovic*
3:35 pm	Artificial Intelligence in Surgical Management of Uterine Fibroids *U. Acholonu*
3:50 pm	Submucosal Fibroids: The Role of AI in Shaping Future Treatment of Intracavitary Lesions *W. Vasquez*
4:05 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Surgical Tutorial 4
Innovative Minimally Invasive Surgical Approaches to Endometriosis: Enhancing Efficiency and Safety with New Techniques and Technologies

3:15 pm – 4:15 pm
Room 211

CME

Chair: *Mario Malzoni*
Faculty: *Nicolas Bourdel, Helder Ferreira Sr.*

This postgraduate course offers an in-depth exploration of the latest principles, techniques, and technologies in minimally invasive surgery for the treatment of endometriosis. Participants will receive a comprehensive review of innovative surgical approaches designed to optimize both efficiency and safety. The course content will be richly supported by video demonstrations to showcase successful outcomes and procedural nuances. Historically, the treatment of endometriosis has often involved more invasive procedures with significant recovery times and variable outcomes. However, this course challenges that paradigm by presenting high-quality evidence and the latest advancements in minimally invasive techniques. Participants will engage with up-to-date medical literature that questions traditional methods and advocates for modern, less invasive alternatives. Throughout the course, we will cover the full spectrum of minimally invasive techniques, including Laparoscopic methods and Robotic-assisted surgery. Each modality will be demonstrated through detailed video presentations, highlighting key techniques that ensure optimal patient outcomes. Additionally, the course will cover the comprehensive preoperative workup required to prepare patients for surgery and offer best practices for postoperative management and counseling. By the end of this course, participants will have gained advanced knowledge and practical skills that can be directly applied to clinical practice, ultimately enhancing the care and treatment of women suffering from endometriosis.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Evaluate and Diagnose: Conduct a comprehensive preoperative workup to accurately diagnose endometriosis and identify the suitability of minimally invasive surgical approaches for individual patients; 2) Choose and effectively implement the most appropriate minimally invasive surgical technique such as laparoscopy or robotic-assisted surgery tailored to the specific pathology and condition of the patient; and 3) Optimize Surgical Outcomes: Utilize advanced technologies and artificial intelligence tools to enhance surgical precision, efficiency, and safety, and develop comprehensive postoperative care plans to ensure optimal recovery and long-term patient outcomes.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview *M. Malzoni*
3:20 pm	Robotic-Assisted Surgery for Endometriosis: Integrating AI and Technology for Optimal Outcomes *H. Ferreira*
3:35 pm	Advanced Minimally Invasive Techniques for Managing Complex Endometriosis: Achieving Precision and Efficiency in Surgical Care *M. Malzoni*
3:50 pm	Leveraging AI and Machine Learning in Minimally Invasive Endometriosis Surgery: Enhancing Decision-Making and Patient Safety *N. Bourdel*
4:05 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Oral Session 4
Endometriosis

3:15 pm – 4:15 pm
Room 212

CME

Moderators: *Stephanie Cizek and Emad Mikhail*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Defining the Role of the Gastrointestinal Myoelectrical Activity (GIMA) Biomarker in the Diagnosis of Endometriosis. *P. Tanos, F. Donders, A. Massaro, S. Philippe, S. Karampelas*
3:26 pm	Dysmenorrhea: A Key Symptom in Endometriosis and Its Overlap with Chronic Inflammatory Bowel Diseases (IBD) *C. Exacoustos, F. Iacobini, G. Monaco, M. Fiorillo, B. Neri, L. Biancone, C. Russo*
3:32 pm	The Role of Somatic Mutations in Endometriosis: Pathogenesis, Progression and Fibrogenesis (Systematic Review) *L. Adamyan, L. Pivazyan, A. Stepanian, M. Yurkanova, E. Zarova, M. Knuznetsova, K. Mailova, D. Trofimov*
3:38 pm	High Accuracy of Ultrasound with Bowel Preparation in Detecting Ileum, Cecum, and Appendix Endometriosis: A Prospective Cohort *M. Andres, M. Goncalves, L. Mattos, M. Marani, M. Bassi, M. Abrao*
3:44 pm	Noninvasive Blood-Based Detection of Endometriosis Prior to Surgical Laparoscopy Among Symptomatic Women: Is There a Benefit? *F. Bischoff, W. Wong, A. Yu*
3:50 pm	The Impact of MIGS Subspecialty Training on Surgical Care for Endometriosis *M. Barker, R. Schneyer, C. Thrift, K. Fitzsimmons, A. Manliguez, R. Odum, O. Ezike, K. Hamilton, K. Ciesielski, M. Siedhoff, K. Wright*
3:56 pm	The Association between Pathology Confirmed Versus Unconfirmed Endometriosis and Anxiety and Depression *K. Lawrenson, N. Ngo, S. Taing, M. Liang, A. Manlinguez, R. Meyer*
4:02 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Panel 4
Controversies in Vaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES)

3:15 pm – 4:15 pm
Room 206

CME

Chair: *Alvaro Montealegre*
Faculty: *Asha Bhalwal, Aya Mohr-Sasson, Alvaro Montealegre*

This course provides an in-depth exploration of the controversies surrounding Vaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES). Since its introduction, vNOTES has gained widespread adoption among surgeons worldwide, combining the benefits of vaginal surgery with those of endoscopy. While this approach is commonly favored for straightforward procedures, its use in complex cases remains contentious. Additionally, the integration of robotic technology with vNOTES has been questioned, primarily due to the associated costs. The course will address these key controversies, supported by high-quality evidence and video presentations. Topics will include patient selection criteria, re-evaluating contraindications for vNOTES, surgical limitations, and the emerging role of robotic-assisted vNOTES. We will also provide recommended decision-making strategies for preoperative assessment, as well as tips and techniques for managing challenging intraoperative situations.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify and understand the common controversies associated with vNOTES; 2) Analyze the relevant literature surrounding the controversies discussed; and 3) Employ valuable tips and strategies to navigate and overcome the challenges associated with the controversies discussed.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview *A. Montealegre*
3:20 pm	Challenging the Indications and Contraindications for vNOTES Surgery *A. Mohr-Sasson*
3:35 pm	Has the Time Come to Combine vNOTES With Robotic Approach? *A. Montealegre*
3:50 pm	Is vNOTES the Appropriate Surgical Approach for Every Surgeon and Every Pathology? *A. Bhalwal*
4:05 pm	Discussion Questions & Answers
4:15 pm	Adjourn PANEL 4

Video Session 7
Hysteroscopy

3:15 pm – 4:15 pm
Room 219

Moderators: *Jorge Dotto and Afchine Fazel*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Hysteroscopic Resection of Type III Uterine Leiomyoma *H. Chen, X. Tan*
3:26 pm	Successful Uterine Preservation in Robert's Uterus Masquerading As Non-Communicating Rudimentary Horn *J. Bharti, R. Vatsa, G. Swetha, S. Manchanda, N. Malhotra*
3:32 pm	Unifying the Divided: Hysteroscopic Treatment of Robert's Uterus, a Rare Congenital Challenge *U. Catena, F. Bernardini, M. Zorzi, A. Poli, E. Bonetti, E. La Fera, F. Pozzati, A. Testa*
3:38 pm	Laparoscopic-Assisted Hysteroscopic Metroplasty for a Hybrid Septate/ Bicornuate Uterus *O. Ezike, R. Schneyer*
3:44 pm	Hysteroscopic Management of Interstitial Ectopic Pregnancy *J. Desilets, R. Lakabi, L. Brennan, M. Mcgrattan, K. Kumar, A. Murji*
3:50 pm	Strategies for Hysteroscopic Removal of the Deeply Embedded Intrauterine Device *R. Schneyer*
3:56 pm	Surgical Techniques for Hysteroscopic Removal of an Embedded IUD Fragment *S. Spielman, C. Crifase, A. Dadrat, A. Oshinowo*
4:02 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Video Session 8
Laparoscopy

3:15 pm – 4:15 pm
Room 220

Moderators: *Liselotte Mettler and Resad Pasic*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	The Broad Ligament Window: A Novel Surgical Technique for Laparoscopic Abdominal Cerclage *W. Nolan, R. Barbaresso, S. Parikh, R. Paya Pasic*
3:26 pm	Ectopic Pregnancy in a Rudimentary Horn: A Case Report *L. Diamond, C. Warshafsky, D. Hylton, J. Kroft, P. Lee*
3:32 pm	Laparoscopic Management of a Rudimentary Horn Ectopic Pregnancy *S. Mohan, H. Chang, G. Rivera Casul, T. Gallant*
3:38 pm	Laparoscopic Resection of 13-Week Ectopic Pregnancy in Non-Communicating Uterine Horn *P. Voigt, M. Milad*
3:44 pm	Ovarian Tissue Cryopreservation for Premenarchal Eight-Year-Old Prior to Hematopoietic Stem Cell Transplantation *T. Gemesi, M. McCracken, S. Cizek*
3:50 pm	Opportunistic Fimbrioplasty: Revisiting a Fertility Optimizing Technique for a Common Pathologic MIGS Finding *W. Nolan, K. Fitts, R. Barbaresso, S. Parikh, R. Paya Pasic*
3:56 pm	A Complex Case of Severe Cervical Stenosis and Isthmocele *M. Alzamora Schmatz, G. Mintz, S. Sridhar, L. Bar-El, M. Billow*
4:02 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Video Session 9
Various

3:15 pm – 4:15 pm
Room 221

Moderators: *Hosam Hanna and Lissa Yu*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Robotic-Assisted Laparoscopic Adenomyomectomy: A Uterus-Sparing Approach *C. Diniz, C. Rowley, J. Mourad*
3:26 pm	Abdominal Wall Endometriosis: Management Strategies and Surgical Techniques *S. Kegel, J. Sacco, G. Lewis*
3:32 pm	A Case of Uterine Didelphys with Atypical Peritoneal Anatomy *K. Woodward, C. Swain, I. Dhanuka, C. Gould, L. Palacios-Helgeson*
3:38 pm	AI-Generated Patient Education: Rapid Development of a Laparoscopic Hysterectomy Recovery Video Using Readily Accessible Tools *A. Davé*
3:44 pm	Robotic Assisted Left Gonadal Vein Transposition: A Treatment for Pelvic Congestion Syndrome *P. Coombs, F. Elli, Y. Erben, H. Farres, A. Carrubba*
3:50 pm	Surgical Management of Heterotopic Cesarean Scar Ectopic with Preservation of Intrauterine Pregnancy in the First Trimester *E. Gulbis, K. McEntee*
3:56 pm	Single-Port Perforated IUD Removal with a Transabdominal Hysteroscope *M. Marguerie, L. Andrew, A. Sanders*
4:02 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Video Session 10
Endometriosis

3:15 pm – 4:15 pm
Room 223

Moderators: *Ted T.M. Lee and Samar Nahas*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Has the Challenge Become Routine? Robotic Approach to Deep Pelvic Endometriosis *L. Vilas Boas, M. Corinti, T. Rocha, T. Dantas, G. Anderman Silva Barison, M. Tamura*
3:26 pm	Robotic-Assisted Nodulectomy for Sigmoid Endometriosis: Enhancing Surgical Precision and Outcomes *S. Fatehchehr, V. Nookala, K. Grinberg*
3:32 pm	Fertility Sparing Multidisciplinary Management of Deep Infiltrating Endometriosis *N. Parra, J. Moyett, A. Advincula*
3:38 pm	Hatching from the Myometrium: Unusual Excision of an Endometrioma *M. Ochoa, O. Fajardo*
3:44 pm	Ten Tips and Tricks for Posterior Cul De Sac Dissection *A. Snyder, M. Truong*
3:50 pm	Lateral-to-Medial Approach for Lateral Parametrial Endometriosis with Ureteral Entrapment: A Step-By-Step Technique *L. Chagas, P. Costa Campos de Santana, S. Gurgel*
3:56 pm	Laparoscopic Approach to Multi-Nerve Involvement of Endometriosis *A. Fitzgerald, G. Namazi, J. Einarsson*
4:02 pm	Discussion Questions & Answers
4:15 pm	Adjourn

General Session III

Monday, November 10, 2025

4:15 pm – 5:15 pm

Ballroom AB

CME

MED TALKS

4:15 pm

MedTalk III: Artificial Intelligence and Endometriosis: Evolving the Diagnostic Landscape

Maurício S. Abrão, MD, PhD

Dr. Abrão is Coordinator of the Advanced Center for Gynecology and Minimally Invasive Gynecology Surgery at Hospital BP - A Beneficencia Portuguesa de São Paulo and Head of the Endometriosis Division and Associate Professor of the Ob/Gyn Department at São Paulo University in Brazil. He is passionate about Minimally Invasive Gynecologic Surgery, has dedicated his life's work to developing studies and treatment options for endometriosis related pelvic pain and infertility through a multidisciplinary approach, and is a pioneer in the techniques that have become the global standard for women's health.

This MedTalk will explore how artificial intelligence (AI) is reshaping the diagnostic approach to endometriosis. With growing access to structured imaging data and clinical parameters, AI-driven tools offer new opportunities to support earlier identification, pattern recognition, and anatomical lesion mapping. This presentation will focus on practical examples of how machine learning is being integrated into real-world research and clinical workflows. Rather than replacing existing methods, AI may serve as a complementary strategy to improve consistency, reduce diagnostic delay, and support individualized surgical planning.

Learning Objectives: *After attending this session, participants will be able to:* 1) Describe the emerging role of AI in supporting the diagnosis and evaluation of endometriosis; 2) Recognize how structured imaging and clinical data can be used to train AI models for lesion detection and anatomical mapping; and 3) Evaluate the potential and limitations of AI tools in complementing human expertise and improving reproducibility in clinical decision-making.

Suketu Mansuria, MD

Alessandra di Giovanni, MD

Scott W. Young, MD

4:30 pm

Debate: Now You See It. Now You Don't! MRI Versus Ultrasound for Endometriosis Detection and Mapping

Dr. Suketu Mansuria is the Director of Gynecologic Minimally Invasive Surgery at the University of Pittsburgh/Magee-Womens Hospital, as well as the Director of the MIGS Fellowship. He is a Board member of the AAGL and was the previous Editor-In-Chief of SurgeryU.

Dr. Alessandra Giovanni is a gynecologist specializing in pelvic ultrasonography for benign and malignant gynecologic conditions, with more than 10,000 procedures performed. Since 2012, she has served as a Consultant at Endoscopica Malzoni – Center for Advanced Pelvic Surgery in Avellino, Italy. Dr. Giovanni has authored and co-authored numerous peer-reviewed scientific publications and has been invited as a chair and speaker at multiple international conferences and scientific events.

Scott W. Young is an Associate Professor and Chair of the Division of Ultrasound in the Department of Radiology at Mayo Clinic Arizona. He earned his undergraduate degree in medical microbiology from Stanford University and his medical degree from the University of California, Irvine. His clinical focus includes abdominal imaging and percutaneous ultrasound- and CT-guided procedures, with particular expertise in solid organ tumor ablation and gynecologic interventions. Dr. Young is an American radiologist, nationally recognized for his expertise in the imaging diagnosis of deep endometriosis. He recently chaired the Society of Radiologists in Ultrasound Consensus Statement on Endometriosis and currently serves as co-chair of the Society of Abdominal Radiology Disease-Focused Panel on Endometriosis.

This debate will be an informative session for any surgeon who tackles endometriosis. It will review the strengths and weaknesses of the two most used imaging modalities, MRI and Ultrasound, for the detection of endometriosis and for assisting with surgical planning. Two international experts in the field of endometriosis imaging will debate the pros and cons of each modality and help surgeons make the right choice for their patients.

Learning Objectives: *After attending this session, the participant will be able to:* 1) Analyze the difference between MRI and Ultrasound performance and interpretation in the detection and preoperative planning for endometriosis surgery; 2) Explain how MRI and ultrasound can be synergistic for the accurate mapping of endometriosis; and 3) Identify the strengths and weaknesses of each modality in endometriosis diagnosis.

5:15 pm Adjourn

COGA-MINIMALLY INVASIVE GYNECOLOGY: ADVANCING ROBOTIC SURGERY INNOVATION & FUTURE

5:30 pm – 7:30 pm • Room 203

Beijing: Monday, November 11, 2025, 9:30 am – 11:30am

Xiaoming Guan, MD, PhD
Chair

Lan Zhu, MD
Chair

Chongdong Liu, MD
Team leader

Faculty: *Zhiqing Liang MD, Peter C. Lim, MD, Guizhu Wu, MD, Xiang Xue, MD, PhD, Ying Zheng, MD*

This dynamic AAGL-COGA panel brings together global leaders in minimally invasive gynecology to explore the forefront of robotic surgery innovation. The session will showcase a spectrum of advanced techniques—including single-port systems, transvaginal NOTES, and complex reconstructive procedures—while addressing challenges in deep endometriosis, pelvic floor repair, and complication management.

Through keynote presentations, expert-led discussions, and emerging technology highlights (AI, augmented reality, remote surgery), participants will gain practical insights and strategic frameworks to enhance surgical outcomes. Designed to foster knowledge exchange and inspire innovation, this session will equip attendees with the tools to elevate their robotic practice and shape the future of gynecologic surgery.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Demonstrate understanding of cutting-edge robotic systems (e.g., da Vinci Xi/SP, Hugo RAS, Versius) and their clinical applications; 2)Employ surgical techniques and strategies for complex procedures such as radical hysterectomy, endometriosis resection, pelvic floor reconstruction and transvaginal NOTES; 3) Implement current clinical evidence, safety profiles, and outcomes associated with robotic gynecologic surgery; 4) Determine future directions, including AI, augmented reality, and single-port systems, with attention to ethical considerations and training requirements.

COURSE OUTLINE

5:30 pm	Welcome and Opening Remarks *L. Zhu*
5:35 pm	Prevention and Management of Robotic Surgery Complications *Z. Liang*
5:50 pm	Single-Port Robotic Surgery and Transvaginal NOTES in Deep Infiltrating Endometriosis: *Advantages and Challenges* *X. Guan*
6:05 pm	Robotic Remote Surgery in Gynecology: *Feasibility and Future Directions* *X. Xue*
6:20 pm	A Novel Exploration for Fertility-Sparing Staging Surgery of Early-Stage Ovarian Cancer: *Transumbilical Single-Port Extraperitoneal Approach* *Y. Zheng*
6:35 pm	Emerging Technologies in Robotic Gynecology: *AI, AR, and Beyond* *P. Lim*
6:50 pm	Short-Term Effectiveness of Robot-Assisted Versus Laparoscopic Sacrocolpopexy for Pelvic Organ Prolapse: *A Prospective Cohort Study in Shanghai, China* *G. Wu*
7:05 pm	Robotic Surgery in Gynecology Oncology *C. Liu*
7:20 pm	Closing Remarks and Summary *X. Guan*
7:30 pm	Adjourn

MONDAY

INDUSTRY SPONSORED EVENING SYMPOSIUM

The New Era of Imaging-Based Endometriosis Diagnosis and Assessment

5:30 pm – 6:30 pm • Room 302

CHUGAI PHARMACEUTICAL

A member of the Roche group

Moderator: Sukhbir Sony Singh, MD

This symposium, led by key experts in the field, will present the emerging paradigm shift in endometriosis care—from surgical to imaging-based diagnostics. It will highlight the role of MRI in quantifying lesion size, depth, and anatomical distribution, and discuss how these imaging findings can correlate with symptom profiles and surgical outcomes.

Speaker: Mauricio Simões Abrão, MD

In addition, the session will introduce the potential of intracavitary ultrasound (IVUS) as a complementary tool for enhanced visualization of deep lesions, particularly in challenging compartments such as the rectovaginal and retrocervical spaces. The integration of artificial intelligence (AI) into imaging workflows will also be addressed, focusing on its capacity to support lesion detection, anatomical mapping, and classification.

MONDAY, NOVEMBER 10, 2025

THE PRESIDENT'S GALA

A SPEAKEASY SOIRÉE

8PM - MIDNIGHT
Black tie Optional or 20's Era Attire Encouraged

THE VANCOUVER CLUB
915 W Hastings St
Vancouver, BC

TICKETS AVAILABLE
Onsite Registration Desk
$235/Each

Entertainment by:

THANKS TO OUR AAGL 2025 SPONSORS

PLATINUM

INTUITIVE

GOLD

HOLOGIC Medtronic

Experience Theaters

Exhibit Hall

8:30 am – 9:15 am

Theater 1

AAGL/ASRM

AAGL/ASRM Modern Surgical and Medical Management of the Patient with Adenomyosis and Infertility

This program will showcase cutting-edge insights led by three internationally recognized
experts with emphasis on diagnosis, innovative medical therapies, and uterus-sparing surgical techniques designed to optimize fertility outcomes. Attendees will gain practical, evidence-based strategies they can immediately translate into clinical practice to improve care for patients struggling with adenomyosis and infertility.

Speakers:

Pietro Bortoletto, MD, MSC
Rebecca Flyckt, MD
Zaraq Khan, MD
Michael Neblett II, MD, MS

12:30 pm – 1:15 pm

Theater 1

Medtronic

Minimally Invasive Surgical Approaches to Gynecological Procedures – Robotics, Digital and Beyond

Join us for a Medtronic-sponsored scientific discussion that brings together leading surgeons to explore clinical data, surgical best practices, and real-world case experiences across a diverse range of Medtronic's surgical products—including Hugo™ Robotic Assisted Surgery and instrumentation including Ligasure™ RAS, Touch Surgery™ digital technologies, and advanced suturing solutions like V-Loc™. This interactive session will also highlight the integration of robotics and digital technologies into modern surgical practice, examining how these innovations can enhance clinical outcomes and workflow efficiency. Attendees will gain valuable insights from peers on optimizing product usage, leveraging the latest evidence, and implementing new technologies to advance patient care.

Speakers:

Miguel Caceres, MD
Sara Mastrovito, MD

Moderators:

Marty Martino, MD
Mireille Truong, MD

Theater 2

Ziwig

The Salivary miRNA Signature: Unlocking the Early Diagnosis of Endometriosis

12:30 pm-12:35 pm
Transforming Diagnosis: The Unmet Need for Early Screening in Endometriosis
Prof Gaby Moawad

12:35 pm-12:50 pm
The complexity of formulating biomarkers for endometriosis
Prof Sun Wei Guo

12:50 pm-1:10 pm
Ziwig Endotest®: Cutting-Edge Technology for Non-Invasive Endometriosis Diagnosis
Dr Yuval Kaufman

Speakers:

Yuval Kaufman, MD
Gaby Moawad, MD
Sun-Wei Guo, MD

AAGL MED TALKS

Gaby N. Moawad, MD

9:45 am

MedTalk IV: The Roadmap to Automated Surgery

Professor Gaby Moawad is a globally recognized leader in robotic surgery and endometriosis management, serving as a board-certified gynecological surgeon and founder of The Center for Endometriosis and Advanced Pelvic Surgery in Washington, D.C. With a distinguished career spanning specialized minimally invasive gynecologic procedures, including advanced laparoscopic and robotic techniques, Dr. Moawad has become a leading authority in the field, renowned for integrating innovative surgical strategies with a patient-centered approach that transcends borders.

As a pioneer in robotic gynecologic surgery, Dr. Moawad has contributed significantly to the global dissemination of minimally invasive techniques through his role as Director of Robotic Gynecologic Surgery, Fellowship Co-Director, and Associate Professor of Obstetrics and Gynecology at George Washington University. His expertise has attracted international recognition, making him a sought-after speaker and educator in cutting-edge endometriosis and pelvic reconstructive surgery worldwide.

Throughout his career, Dr. Moawad has received numerous accolades, including being named Top Doctor in the Washington D.C. area from 2015 to 2023 by The Washingtonian and Castle Connolly. His contributions to the field have been honored with the AAGL Award for Excellence in Endoscopic Procedures and multiple leadership roles within the organization—including Chair of the Research Committee, Chair of the Robotic Committee, and Board of Directors member of the AAGL Foundation.

A prolific researcher, Dr. Moawad has secured prominent grants, notably serving as Co-Principal Investigator on a 2019 NIH-funded project exploring innovative non-invasive biomarkers for uterine fibroids using EV-microRNAs. He has authored over 125 peer-reviewed publications and is a key contributor to the advancement of endometriosis research and surgical innovation. An internationally recognized expert, Dr. Moawad serves on the Editorial Board of "Facts, Views & Vision in Obstetrics & Gynecology," the official journal of the European Society for Gynaecological Endoscopy (ESGE). He regularly presents at major global conferences, sharing his pioneering techniques and insights—advancing the field of gynecologic minimally invasive surgery, particularly in complex endometriosis cases. Dedicated to education and global outreach, Dr. Moawad's work continues to shape best practices worldwide, improving outcomes for women everywhere affected by endometriosis and complex pelvic disorders.

Exploring the future of gynecologic surgery through automation, this presentation outlines the key milestones and technological advancements shaping the roadmap to fully automated procedures. Tailored for gynecologic surgeons, it highlights innovative tools and strategies to enhance precision, safety, and outcomes in minimally invasive surgery.

Learning Objectives: *After attending this session, the participant will be able to:* 1) Outline the key technological advancements driving the development of automated surgical systems in gynecology; 2) Identify the benefits challenges associated with integrating automation into laparoscopic procedures; and 3) Employ practical strategies for adopting and implementing automated solutions to improve patient outcomes.

10:00 am

AAGL: The Original Innovators (OI)

Javier F. Magrina, MDS
Mayo Clinic
Phoenix, Arizona

We stand in awe of the breakthroughs unfolding in medicine today—some so bold they challenge our current ways of thinking. But this spirit of innovation is nothing new to AAGL. We were founded by pioneers—Original Innovators (OI)—who dared to disrupt the status quo and forge new paths in gynecologic surgery. Long before AI, there was AAGL, a society built by bold visionaries who faced resistance, even threats to their careers, for embracing laparoscopy when it was seen as radical. Today, their once-revolutionary ideas have become standard practice.

This panel honors that legacy. We'll begin by recognizing some of the OI who transformed gynecologic surgery and AAGL itself. Then, you'll hear from trailblazers—our OI—as they share the ideas that sparked their journeys and the determination it took to bring them to life. Let their stories remind you: innovation isn't just part of our past—it's our calling. Just like Jordan Phillips, who founded AAGL by stepping into the unknown, we now invite you to take that step. Our OIs are sending the elevator down—step in, rise up, and bring your brightest ideas with you.

Arnold P. Advincula, MD
Columbia University Medical Center / New York–Presbyterian Hospital
New York, New York

Marcello Ceccaroni, MD
ISSA International School of Surgical Anatomy, Don Calabria Hospital
Verona, Italy

Michael Hibner, MD, PhD
Arizona Center for Chronic Pelvic Pain
Scottsdale, Arizona

Grace M. Janik, MD
Reproductive Specialty Center
Milwaukee, Wisconsin

Cara R. King, DO
Cleveland Clinic
Cleveland, Ohio

Barbara S. Levy, MD
Visana Health
La Jolla, California

Malcolm G. Munro, MD
University of California
Los Angeles, California

Camran R. Nezhat, MD
Camran Nezhat Institute
Redwood City, California

Resad Paya Pasic, MD
University of Louisville
Louisville, Kentucky

Shailesh P. Puntambekar, MBBS, MS
Galaxy Care Hospital
Pune, Maharashtra, India

Harry Reich, MD
Endometriosis Foundation
Dallas, Pennsylvania

Assia A. Stepanian, MD
Academia of Women's Health & Endoscopic Surgery
Atlanta, Georgia

10:45 am Adjourn

Debate 3
Hysteroscopy for Missed Abortion: Revolutionizing Treatment or Passing Trend?

11:00 am – 12:00 pm
Room 203

CME

Chair: *Asha Bhalwal*
Faculty: *Randa J. Jalloul, Ha Nguyen*

This course offers a comprehensive review of the literature on hysteroscopic treatment for missed abortion and delves into the debate surrounding its clinical adoption. Hysteroscopy presents a promising alternative to traditional methods like dilation and curettage (D&C), allowing for precise, minimally invasive removal of retained products of conception with direct visualization of the uterine cavity. However, despite its potential to revolutionize care in early pregnancy loss, there is still considerable debate on its widespread acceptance. The technique requires a high level of expertise, making it more challenging to implement as a non-scheduled procedure or in settings with less experienced providers. This course will explore the controversies surrounding hysteroscopy's role in managing missed abortions, presenting high-quality evidence and video demonstrations. We will also discuss patient selection, proper workup, and postoperative management, while evaluating the potential future of this technique in routine clinical practice.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Evaluate the benefits vs. challenges of hysteroscopy for missed abortion; 2) Examine the expertise and training requirements for hysteroscopy; and 3) Assess the future role of hysteroscopy in early pregnancy loss management.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview *A. Bhalwal*
11:05 am	D&C: Sticking With What Works - Why It's Still the Gold Standard *H. Nguyen*
11:25 am	Embracing Hysteroscopy: A Modern Revolution in Missed Abortion Care *R. Jalloul*
11:45 am	Discussion Questions & Answers
12:00 pm	Adjourn

Panel 5
Achieving Fair Reimbursement in the Face of Structural and Double Discrimination

11:00 am – 12:00 pm
Room 206

CME

Chair: *Louise P. King*
Faculty: *Vrunda Bhavsar Desai, Louise P. King, Asha B. McClurg*

Structural discrimination is apparent in all gynecologic surgery reimbursement. Procedures performed on female bodies bill 28% less per procedure on average compared to male bodies. While many Urogyn and MIGS surgeons have training and volume matching or exceeding urologists, they are paid significantly less. Obstetrics is also underfunded yet still bills better than gynecology. Overall salaries for specialists in general Ob/Gyn make on average 100k more than those specialized in benign gynecologic surgery. MIGS surgeons, who routinely have higher volume and better outcomes than lower volume surgeons are penalized for focusing on surgery and achieving those better outcomes. Double discrimination exists such that both women physicians and patients benefit less from current reimbursement. Change is difficult to achieve as only 2% of CPT codes are reviewed annually. Surgeons can help achieve change by gaining knowledge about reimbursement and structural discrimination and learning how to utilize innovation to overcome system faults.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify structural discrimination within reimbursement practices; 2) Understand and identify double discrimination in healthcare; and 3) Recognize and utilize available tools and innovative strategies to advocate for and achieve equitable reimbursement.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview *L. King*
11:05 am	Structural Discrimination - Ethical Concerns, Legal Solutions *L. King*
11:20 am	How to Maximize Billing and Create Equitable Change in Billing Structures with Innovation and Tech *A. McClurg*
11:35 am	How Industry Can Partner With Us to Create Equity in Billing *V. Desai*
11:50 am	Discussion Questions & Answers
12:00 pm	Adjourn

Surgical Tutorial 5
Mastering Neuropelveology: A Step-by-Step Surgical Guide to Sacral Nerve Root Endometriosis Excision

11:00 am – 12:00 pm
Room 211

CME

Chair: *Shaheen Khazali*
Faculty: *Nucelio Lemos, Shaheen Khazali, Maria Gabriela Baumgarten Kuster Uyeda*

Neuropelveology represents the cutting edge of advanced pelvic surgery, offering surgeons the knowledge and skills to address complex nerve-related pelvic pathologies, including deeply infiltrating endometriosis affecting sacral nerve roots. As a Masters-level Neuropelveology expert, formally trained at the International School of Neuropelveology, I have been performing excision of sacral nerve root endometriosis since 2017. Over the years, I have refined and standardized my surgical techniques, which have been shared through tens of well-received invited lectures at international conferences. This surgical tutorial will combine high-definition surgical videos, detailed animations, and anatomical illustrations to guide participants through: Key Neuropelveology Anatomy: A focused review of pelvic neuroanatomy essential for endometriosis excision. Preoperative Planning: Identifying key anatomical landmarks on imaging and understanding surgical challenges. Step-by-Step Surgical Techniques: A structured, didactic approach to sacral nerve root endometriosis excision, including critical safety measures and avoidance of complications. Intraoperative Tips and Tricks: Optimizing visualization, dissection, and nerve preservation in high-risk areas. This session will not just demonstrate 'what' to do but will explain the 'why' behind each step, equipping surgeons with the confidence to tackle complex neuropelveological cases in their own operating rooms.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize key neuropelveological anatomy, focusing on sacral nerve roots and their surgical relevance in endometriosis; 2) Plan and execute a step-by-step approach to sacral nerve root endometriosis excision with precision and safety; and 3) Identify critical surgical landmarks and high-risk zones, minimizing complications during deep pelvic dissections.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview *S. Khazali*
11:05 am	Somatic Nerves of the Pelvis: A Didactic Approach to Neurofunctional Anatomy *N. Lemos*
11:20 am	Surgical Techniques for Excision of Pelvic Nerve Endometriosis *S. Khazali*
11:35 am	From Theory to Application: Case Presentations and Management Analysis *M. Baumgarten Kuster Uyeda*
11:50 am	Discussion Questions & Answers
12:00 pm	Adjourn

Panel 11
How AI Can Transform Surgical Care in Endometriosis

11:00 am – 12:00 pm
Room 212

CME

Chair: *Tamer Seckin*
Faculty: *Charles E. Miller, Ceana H. Nezhat, Tamer Seckin*

To advance care for women with endometriosis, we must elevate the quality and completeness of surgical treatment. While the skill and experience of the surgeon remain paramount, the assistance of artificial intelligence (AI) is rapidly becoming both possible and necessary, an opportunity that will soon no longer be optional, but essential for achieving optimal outcomes.

Endometriosis, in all its forms, whether deep infiltrating or peritoneal, demands multi-organ, precision-based surgery. Although minimally invasive laparoscopic techniques are widely employed, there is still no universally accepted standard defining what constitutes optimal surgical care for endometriosis.

While advanced endometriosis may be detected through preoperative imaging, peritoneal endometriosis (PE), the most prevalent form, often escapes detection. It remains elusive even in patients with long-standing, symptom-heavy clinical histories. Its non-specific presentation, the absence of reliable biomarkers, and most critically, its subtle, non-pigmented inflammatory morphology frequently led to lesions being missed intraoperatively, even by experienced surgeons. The consequence is residual disease and persistent symptoms, both of which contribute to poor patient outcomes.

Advanced cases of endometriosis often require multi-organ resection, significantly increasing operative time and necessitating the involvement of a multidisciplinary surgical team. Seamless coordination among specialists is essential. Under the leadership of an experienced gynecologic surgeon, the assistance of artificial intelligence (AI) may help accurately identify and completely excise fibrotic disease, restore normal anatomy, and minimize postoperative morbidity.

Artificial intelligence (AI) presents a transformative opportunity to strengthen the entire continuum of care in endometriosis management. By integrating patient-reported symptoms, imaging data, and surgical video, AI holds the potential to enhance surgical procedures - delivering faster, safer, and more personalized care.

This course, led by internationally recognized endometriosis surgeons with expertise in surgical innovation, will explore the full continuum of AI-supported care:

Preoperative: We will examine how AI-driven tools—leveraging clinical history, pain mapping, hormonal profiles, imaging (ultrasound, MRI), and Enzian classification—can support early diagnosis, risk stratification, and individualized surgical planning, including the identification of cases that require multidisciplinary collaboration.

Intraoperative: We will explore how computer-augmented vision, lesion recognition, and real-time anatomical tracking, combined with robotic assistance, can serve as an intelligent co-pilot. These technologies help identify occult or subtle lesions, protect critical structures (ureters, bowel, ovarian tissue), and reduce complications—improving both precision and surgical outcomes.

Postoperative: We will highlight how AI can support recovery optimization through real-time monitoring of bowel and bladder function, predictive alerts for complications, reduced narcotic use, and personalized follow-up via wearable devices and digital platforms.

This course presents a practical and forward-looking vision for embedding AI across every stage of care to raise surgical standards and improve the quality of life for women with endometriosis.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the emerging role of AI in enhancing diagnostic accuracy and surgical preparation for endometriosis; 2) Evaluate AI applications in intraoperative surgical navigation, lesion recognition, and preservation of anatomical structures; and 3) Implement AI-guided strategies for postoperative care, including recovery monitoring, prevent complications, personalized follow up and medical management.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:05 am	Emerging Role of AI in Enhancing Diagnostic Accuracy and Surgical Preparation for Endometriosis *C. Miller*
11:20 am	AI Applications in Intra-Operative Surgical Navigation, Lesion Recognition, and Preservation of Anatomical Structures *T. Seckin*
11:35 am	AI-Guided Strategies for Postoperative Care, Including Recovery Monitoring, Preventing Complications, Personalized Follow-up and Medical Management *C. Nezhat*
11:50 am	Discussion Questions & Answers
12:00 pm	Adjourn

Oral Session 5
Laparoscopy

11:00 am – 12:00 pm
Room 219

Moderators: *Francisco Carmona and Megan Cesta*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:05 am	Conventional Laparoscopic Vs. Multi-Degree-of-Freedom Instruments for Vaginal Cuff Closure in MIGS: A Randomized Controlled Trial *V. Nookala, C. Peng, Y. Chen*
11:11 am	Use of Intra-Operative Ultrasound During Laparoscopic Myomectomy: A Case Series *A. Brownson* *2025 AGES Annual Scientific Meeting, Exchange Lecture Winner, Perth, Western Australia, Feb 2025*
11:17 am	Ovarian Reserve Outcomes after Robotic Versus Laparoscopic Ovarian Cystectomy: A Focus on AMH *H. Chang, M. Kim, K. Hwang*
11:23 am	Vaginal Hysterectomy Is Associated with Postoperative Complications and Longer Hospital Stay Compared to Laparoscopic Hysterectomy *R. Meyer, G. Levin, K. Hamilton, R. Schneyer, O. Ezike, K. Ciesielski, M. Siedhoff, K. Wright*
11:29 am	What Lies Beneath? Adhesion and Injury Risk in Laparoscopy after Abdominopelvic Surgery *S. Mooney, D. Karmakar, H. Gordon, L. Hicks, A. Wong, K. Harlow, H. McNamara, E. Readman, L. Ellett*
11:35 am	Eliminating Narcotics from Outpatient Laparoscopy in Gynecology: A Randomized Controlled Trial *A. Zakhari, J. Desilets, C. Della Rocca, W. Li Pi Shan, D. Bach Nguyen, L. Gilbert, J. Papillon-Smith, S. Krishnamurthy, F. Mansour*
11:41 am	Effects of Intra-Operative Methadone during Minimally Invasive Hysterectomy on Reducing Post-Operative Pain and Opioid Requirements *S. Olson, C. Amazu, A. Gorniak, D. Berman, M. Borahay*
11:47 am	Discussion Questions & Answers
12:00 pm	Adjourn

TUESDAY

Video Session 11
Oncology

11:00 am – 12:00 pm
Room 220

Moderators: *Aakriti Carrubba and Joseph M. Maurice*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:05 am	Laparoscopic Trachelectomy for Stage IA1 Cervical Cancer with Positive Margins *Q. Liu, P. Li, K. Liu, Z. Hu, X. Zhao*
11:11 am	Surgery Methodology in Robotic Retroperitoneal Lymphadenectomy *A. Gomes*
11:17 am	"Ohvira and Hidden Dangers" - a Video Case Presentation *G. Yovel Saragosti, I. Levin*
11:23 am	Posterior Exenteration with Retrograde Radical Hysterectomy and Nerve-Sparing Segmental Bowel Resection for Advanced Ovarian Cancer *G. Roviglione*
11:29 am	Robotic Sentinel Paraaortic Lymph Node Mapping in Endometrial Cancer *K. Seon, S. Kim*
11:35 am	Robotic Assisted Inguinal Sentinel Lymph Node Sampling for Treatment of Early-Stage Vulvar Cancer. *P. Lim, S. Elfass*
11:41 am	Robotic-Assisted Repair of Vesicovaginal Fistula in a Patient with Colon Carcinoma *D. Patel, S. Bernard, F. Cabrera, J. Cardenas-Goicoechea*
11:47 am	Discussion Questions & Answers
12:00 pm	Adjourn

Video Session 12
Endometriosis

11:00 am – 12:00 pm
Room 221

Moderators: *Kimberly Kho and Agnaldo Lopes da Silva Filho*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:05 am	Double Flap Double Clamp for the Focal Adenomyomectomy *E. Pham, H. Hanna, I. Torres*
11:11 am	Robotic Resection of Abdominal Wall Endometrioma: Surgical Steps for Subfascial Lesions *O. Dawodu, J. Chaoul, M. Gedeon, J. Kim*
11:17 am	Stage IV Endometriosis in the Pelvis and Liver *A. Zelivianskaia, A. Villano*
11:23 am	Excision of Diaphragmatic Endometriosis Using the Robotic Single-Port System (Da Vinci Sp) *J. Kohn, Q. Yang, R. Ripley, X. Guan*
11:29 am	Laparoscopic Mesentery-Sparing Nose Bowel Resection for Endometriosis: When and How? *D. Nguyen, D. Woo, S. Faleh, J. Papillon-Smith, F. Mansour, S. Krishnamurthy, A. Zakhari*
11:35 am	The "Octopus Concept" Unifying Adenomyosis and Endometriosis and Understanding the Nerve Entrapment - "the Black Hole Effect" *I. Chiminacio, C. Obrzut, J. Petry, H. Sabadin*
11:41 am	Excision of Deep Infiltrating Endometriosis with Single-Port Robotics *C. Rowley, J. Yi*
11:47 am	Discussion Questions & Answers
12:00 pm	Adjourn

Video Session 13
Laparoscopy

11:00 am – 12:00 pm
Room 223

Moderators: *Nita Desai and Linda C. Yang*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:05 am	A Novel Approach for Cesarean Scar Defect Repair: Taurus T Method *Y. Sako*
11:11 am	Management Strategies for Bleeding during Laparoscopic Cerclage Placement *K. Hamilton*
11:17 am	Safe Abdominal Entry with an Abdominal Aortic Aneurysm: A Case Report *E. Brunette, E. Abdulraheem, A. Eddib*
11:23 am	Minimally Invasive Approach to Chronic Uterine Inversion: A Case Report *C. Lu, S. Fisher, S. Kim, R. Siervo Sassi, F. Mohtashami*
11:29 am	Optimization of Direct Visual Entry *C. Pando, B. Beran*
11:35 am	Stepwise Approach to Laparoscopic Wedge Resection of Cesarean Scar Ectopic Pregnancy *S. Sridhar, C. King, M. Alzamora Schmatz, M. Billow*
11:41 am	Laparoscopic Management of Accessory and Cavitated Uterine Masses (ACUM): A Case Report and Surgical Technique *G. Chan, M. Bedaiwy*
11:47 am	Discussion Questions & Answers
12:00 pm	Adjourn

TUESDAY

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ESGE Panel

Complications Uncovered: The Art and Science of Avoiding, Recognizing, and Managing Surgical Pitfalls

11:00 am – 12:00 pm
Ballroom A

CME


Co-Chairs: *Ursula Catena, Benoit Rabischong*
Faculty: *Rudi Leon De Wilde, Helder Ferreira Sr.*

This course focuses on the complex and critical topic of surgical complications in minimally invasive gynecologic surgery (MIGS). Renowned experts in hysteroscopy, laparoscopy, robotic surgery, and adhesion management will provide in-depth insights into the art and science of avoiding, recognizing, and managing the common and unexpected pitfalls that arise in these procedures. Through a combination of case discussions, expert analysis, and real-world examples, participants will gain valuable knowledge on how to navigate complications with precision, reduce risk, and improve patient outcomes. This course is designed for gynecologic surgeons of all experience levels who seek to elevate their surgical expertise and ensure safer and more effective interventions.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify and manage key complications: Gain a comprehensive understanding of the most common and serious complications in hysteroscopic, laparoscopic, robotic, and adhesion-related procedures, and develop strategies to recognize them early and manage them effectively; 2) Enhance decision-making skills: Learn how to make critical decisions under pressure, when to stop, when to ask for help, and when to switch to alternative surgical approaches to mitigate complications; and 3) Implement best practices for prevention: Acquire practical knowledge on preventive measures, tools, and techniques to reduce the occurrence of complications.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview *U. Catena*
11:05 am	Clear View, Hidden Risks: Mastering Hysteroscopic Complications *U. Catena*
11:16 am	Cutting Edge, Critical Moments: Avoiding Disaster in Laparoscopic Surgery *H. Ferreira*
11:27 am	When the Robot Misfires: Recognizing and Managing Robotic Complications *B. Rabischong*
11:38 am	Stuck in the Past: Preventing and Managing Surgical Adhesions *R. De Wilde*
11:49 am	Discussion Questions & Answers
12:00 pm	Adjourn

Lunch in Exhibit Hall B
12:00 pm – 2:00 pm

TUESDAY

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General Session V

Tuesday, November 11, 2025

2:00 pm - 3:00 pm

Ballroom AB

CME

MED TALKS

Cheryl B. Iglesia, MD

2:00 pm

MED Talk V: Fem Tech: The Evidence Behind Sexual Health Devices and Enhancers

Dr. Iglesia is Director of the Section of Female Pelvic Medicine and Reconstructive Surgery (FPMRS) at MedStar Washington Hospital Center and Director of the National Center for Advanced Pelvic Surgery (NCAPS) at MedStar Health, an internationally renowned center that combines urogynecology and minimally invasive gynecologic surgery. She is also Professor of Obstetrics/Gynecology and Urology at Georgetown University School of Medicine. She is internationally and nationally recognized for her work in advancing the clinical, academic, research, and other innovative aspects of advanced pelvic surgery and urogynecology.

Do you know what tools and toys your patients are using in the bedroom? What's the skinny on lasers and wands touted at medspas or injectables like PRP for orgasm and sexual enhancement. This talk for gynecologic surgeons will divulge the evidence versus hype and clarify the terminology for cosmetic gynecology.

Learning Objectives: *After attending this session, the participant will be able to:* 1) Outline terminology and energy-based devices used for cosmetic gynecologic indications; 2) List sexual tools and toys used by patients for sexual pleasure; and 3) Cite indications and evidence-based outcomes from injectable treatment such as PRP and Botox.

Diana Atashroo, MD

Karen Brandon, DSc, DPTSc

2:15 pm

Panel: Beyond the Scalpel: State-of-the-Art Physical Therapy as a Co-Therapeutic Modality in MIGS

Dr. Diana Atashroo is an Associate Professor of OB/GYN in the Division of Minimally Invasive Surgery at Stanford University, where she specializes in complex gynecologic conditions and pelvic pain. She earned her medical degree from the University of Missouri-Kansas City and completed a fellowship in Minimally Invasive Gynecologic Surgery in Phoenix, AZ. Dr. Atashroo's expertise includes managing conditions such as endometriosis, fibroids, peripheral neuropathies, pudendal neuralgia, and pelvic floor dysfunction. She performs advanced laparoscopic and robotic surgeries and is skilled in office procedures like ultrasound-guided nerve blocks and Botox® trigger point injections. A recognized leader in her field, Dr. Atashroo is the past president of the International Pelvic Pain Society (IPPS) and frequently presents on topics related to pelvic pain. She is committed to providing patients with individualized and comprehensive care to improve their well-being.

Dr. Karen Brandon is a clinical specialist in Women's Health/Pelvic Physical Therapy who has practiced Physical Therapy for over 19 years. She teaches in the Post Professional Doctoral program at Loma Linda University for the PhD, DSc and DPT programs, and is a clinical research advisor. She also works at Kaiser Permanente Fontana as the Regional Clinical Lead for Pelvic Rehabilitation, is on the steering committee for the Pelvic Floor Sexual Medicine organization and is President of the International Pelvic Pain Society.

Surgical success requires more than technical precision; optimal outcomes depend also on integrated rehabilitation. Pelvic health physical therapy is a vital co-therapeutic partner, not just post-op aftercare. Reframing physical therapy as co-therapy emphasizes its role in enhancing surgical outcomes, not simply addressing complications. Many patients undergoing benign gynecologic surgery report unexpected changes in bladder, bowel, or sexual function. Early interdisciplinary collaboration—particularly involving pelvic PTs—can clarify the functional goals of surgery, identify impairments, and guide patients toward recovery, reducing post-operative frustration and uncertainty.

Learning Objectives: *After attending this session, the participant will be able to:* 1) Describe the role of pelvic health physical therapy across the perioperative period, including its impact on surgical planning, enhanced recovery protocols, and long-term patient outcomes in minimally invasive gynecologic surgery (MIGS); 2) Evaluate current evidence-based physical therapy interventions that support recovery and functional restoration following gynecologic procedures, with attention to bowel, bladder, and sexual health; and 3) Apply practical strategies for interdisciplinary collaboration by identifying appropriate patient referrals, understanding standard pelvic physical therapy protocols, and integrating co-therapeutic rehabilitation principles into gynecologic surgical care.

3:00 pm Adjourn

Panel 6
The Impact of AI on Gynecological Surgeries and Patient Care

3:15 pm – 4:15 pm
Room 203
CME

Chair: *Resad P. Pasic*
Faculty: *Rosanna Sobota, Shin Takenaka*

This course offers an exciting exploration of how the fusion of AI and surgery is revolutionizing modern healthcare. It provides a comprehensive review of the collaboration between artificial intelligence (AI) and surgical practices, demonstrating how AI is enhancing precision, improving decision-making, and offering real-time assistance during procedures. Focusing on AI technologies applied in gynecological surgery, machine learning models for tissue identification, the course examines the benefits and challenges of integrating AI into clinical settings. Attendees will gain insights into current advancements, including AI's role in minimally invasive surgery, and its potential to revolutionize patient outcomes. This course also discusses regulatory challenges and future directions of AI in surgery, preparing medical professionals to adopt these innovations responsibly. Through case studies and expert presentations, participants will leave with a deeper understanding of how the fusion of surgery and AI can shape the future of healthcare.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Measure the impact of artificial intelligence (AI) on gynecological surgeries; 2) Analyze the benefits and challenges of integrating AI into clinical practice; and 3) Examine the regulatory challenges and future directions of AI in surgery.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview *R. Pasic*
3:20 pm	The Co-Evolution of Digital Intelligence and Gynecological Surgery: Redefining the Future of Medicine *R. Pasic*
3:35 pm	AI in the World of Gynecology and Surgery: New Frontiers *R. Sobota*
3:50 pm	Development of an AI-Powered Automated Recognition Model for Pelvic Organs in Gynecologic Surgery: Insights from Clinical Experience *S. Takenaka*
4:05 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Panel 7
Imaging Tools for Gynecologic Anomalies: The Eyes Only See What the Mind Imagines

3:15 pm – 4:15 pm
Room 206
CME

Chair: *Rachel J. Miller*
Faculty: *Praveen Jayapal, Rachel J. Miller, Sophia N. Palmer*

This course provides a review of imaging techniques to evaluate Mullerian and other gynecologic (lower vaginal, hymenal) anomalies. It will include an update on the new American Society for Reproductive Medicine (ASRM) classification system for Mullerian anomalies, review best practices in evaluating gynecologic anomalies, and include a detailed discussion of available imaging modalities to best understand an individual's anatomy. This course will include experts from Pediatric Radiology, Pediatric and Adolescent Gynecology, and MIGS Imaging, and will use high-quality images and video presentations with a case-based presentation format.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Determine the appropriate workup for correctly diagnosing gynecologic anomalies, based on an understanding of anatomic variants using the ASRM classification system; 2) Optimize the use of ultrasound as a first-line diagnostic tool, and understand the advantages and the limitations of ultrasound; and 3) Optimize the use of Magnetic Resonance Imaging techniques, protocols, and interpretation for diagnosis Mullerian anomalies, from a radiologist who helped design institutional protocols.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview *R. Miller*
3:20 pm	Ultrasound Techniques for Diagnosis of Anomalies *S. Palmer*
3:35 pm	ASRM Classification, Exam Pitfalls, and Selecting Who Needs Imaging *R. Miller*
3:50 pm	MRI Protocols and Practice Tips to Improve Diagnostics *P. Jayapal*
4:05 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Surgical Tutorial 6
Endometriosis Surgical Excision Methods for Pelvic Pain

3:15 pm –4:15 pm
Room 211
CME

Chair: *Susan S. Khalil*
Faculty: *Megan S. Orlando, Ido Sirota*

This course explores surgical excision techniques for endometriosis that is peritoneal versus cystic disease and means of targeting for chronic pelvic pain. Complex pelvic surgery video demonstrations and review of corresponding patient-oriented outcomes will be assessed for techniques.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Employ surgical techniques for excision of endometriosis for targeted pain alleviation; 2) Identify patients at risk for chronic post-surgical pain; and 3) Apply surgical techniques and use of imaging for endometriosis peritoneal disease and the role of artificial intelligence and machine learning models.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview S. Khalil
3:20 pm	Endometriosis Excision Surgical Techniques for Pelvic Pain and Use of Artificial Intelligence S. Khalil
3:35 pm	PRO's and Excision Mapping I. Sirota
3:50 pm	Endometriosis Excision and Multimodal Planning and Follow up M. Orlando
4:05 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Oral Session 6
Hysteroscopy

3:15 pm –4:15 pm
Room 212

Moderators: *Linda D. Bradley and Isabel C. Green*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	The First Successful Pregnancy and Delivery in Robert's Uterus after Transrectal Ultrasound (TRUS)-Guided Hysteroscopic Metroplasty *A. Ludwin, W. Martins, L. Zaborowska, I. Ludwin*
3:26 pm	Surgical Management of Early Pregnancy Loss By Operative Hysteroscopy Versus Suction Curettage: A Randomized Controlled Trial *M. Naor-Dovev, B. Beloshevski, M. Mor, H. Segal, N. Eisenberg, N. Smorgick*
3:32 pm	Menstrual Outcomes in Patients Undergoing Hysteroscopic Adhesiolysis *C. Salazar, B. Bhagavath, M. Emanuel, A. Hooker, H. Huddleston, R. Gamburg, J. Kumar, C. Martin, M. Munro*
3:38 pm	The Influence of Solution Temperature on Fluid Deficit during Hysteroscopy *A. Mohr-Sasson, S. Chang, A. Bhalwal, R. Jalloul, K. Schmidt, O. Dziadek, M. Leon, A. Montealegre*
3:44 pm	Fundal Block during Novasure Endometrial Ablation to Reduce Intraoperative PAIN: *A Randomized Controlled Trial (FUNDAL PAIN)* *D. Hamilton, S. Smith, J. Thiel,* H. Kamencic, K. Shukla, D. Rattray
3:50 pm	Patient-Centered Outcomes after Permanent Sterilization Procedure: A Randomized Controlled Trial Comparing Three Surgical Routes. *R. Jalloul, A. Bhalwal, M. Leon, A. Montealegre, O. Dziadek, A. Mohr-Sasson, B. Chen, C. Pedroza*
3:56 pm	The Feasibility and Safety of Robotic vNOTES Hysterectomy for Benign Gynecological Disease : Preliminary Report *S. Park, H. Chang, H. Moon*
4:02 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Oral Session 7
New Instrumentation

3:15 pm – 4:15 pm
Room 219

Moderators: *Xiaoming Guan and Mireille D. Truong*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Augmenting Surgical Planning in Gynecology: Early Clinical Evidence for AI-Driven 3D Modeling in Endometriosis Care *K. Thott, D. Godbole*
3:26 pm	The Times They Are a-Changin': ChatGPT-Assisted Prediction of Operative Time for Laparoscopic Hysterectomy *P. Connell, S. Kass, U. Acholonu, M. Hotz, M. Nimaroff, A. Patel*
3:32 pm	Uterine Positioning System: An Ergonomic Solution for Pain and Discomfort Caused By Uterine Manipulation *R. Meyer, M. Errett, B. Joreitz, C. Audette, M. Truong*
3:38 pm	Impact of Anal Occlusive Draping on Laparoscopic Hysterectomy-Related Infectious Morbidity. A Pre-Post Cohort Study. *T. Khalife, A. Brien, L. Ambler, B. Wagner, J. DeWitt*
3:44 pm	Impact of Anal Occlusive Draping on Surgical Site Infections in Laparoscopic Hysterectomy *T. Khalife, S. Rassier, A. Saif, A. Brien*
3:50 pm	3D Virtual Reality Models for Enhancing Fibroids and Endometriosis Surgical Preparation *T. Flaxman, B. Miller, S. Singh*
3:56 pm	First-in-Human, Randomized, Controlled, Double-Blinded, Safety Clinical Trial of IPCOAT® Liquid Adhesion Barrier Device (N=76) *A. Yang, C. Springate, G. Trew, M. Diamond, A. Crowe, H. Wong, M. Azim, J. Straker*
4:02 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Video Session 14
Endometriosis

3:15 pm – 4:15 pm
Room 220

Moderators: *Mohamed Mabrouk and Ceana H. [illegible]*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Endometriosis and Borderline Ovarian Tumors: MRI Imaging Characteristics and Management *M. Briggs, R. Mcphedran, K. Stewart, I. Green, P. Causa Andrieu, T. Burnett, W. VanBuren, A. Cope*
3:26 pm	Round Ligament Adenomyoma and Endometriosis in a Postmenopausal Patient on Menopause Hormone Therapy *E. Wu, D. Nassar, B. Romeroso, D. Ginn*
3:32 pm	Discoid Resection of Rectal Endometriosis Utilizing a Transanal Circular Stapler and Omental J-Flap *L. Siewertsz van Reesema, Z. Ofori-Dankwa, K. Humes, A. Soult, J. Hudgens*
3:38 pm	Urinary Tract Endometriosis: A Surgical Case Series *P. Coombs, Y. Lee, A. Carrubba*
3:44 pm	Unravelling Complex Anatomy with Concomitant Recto-Sigmoid and Ureteral Deep Endometriosis - a 'trifecta' Surgical Approach *C. Mathias, N. Dahiya*
3:50 pm	Minimally Invasive, Maximally Effective: Nose and Advanced Ureteral Dissection in Deep Endometriosis Surgery with Hysterectomy *L. Paiz, L. García Rodríguez, S.Berlanga, M. Garza-Ayala, A. Garza-Cantú, O. Gutierrez, B. Martinez, S. Alvarado,* J. Escarcega-Bordagaray
3:56 pm	Illuminating Peritoneal Endometriosis with AI and ABC™ - a New Surgical Approach *S. Seckin, H. Kula, T. Seckin*
4:02 pm	Discussion Questions & Answers
4:15 pm	Adjourn

TUESDAY

Video Session 15
Robotics

3:15 pm – 4:15 pm
Room 221

Moderators: *Magdi Hanafi and Khumbo T. Jere*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Robot-Assisted Laparoscopic Myomectomy of Isthmocele Leiomyoma *S. Spielman, E. Patrick, A. Dadrat, A. Oshinowo*
3:26 pm	Approach to the Retroperitoneal Fibroid during Robotic Assisted Total Laparoscopic Hysterectomy *P. Mann, T. Lombardi*
3:32 pm	Robot Assisted Laparoscopic Excision of a Parasitic Periaortic Fibroid *S. Beale, P. Weix, D. Jones*
3:38 pm	Robotic Excision of Interstitial Ectopic Pregnancy after Methotrexate Treatment *E. Ferrigni, A. Chandler, J. Mourad*
3:44 pm	Robotic-Assisted Strassman Metroplasty for Uterine Didelphys *N. Massad, A. Adeyeye, A. Ali, C. Waters, X. Lian, W. Burke*
3:50 pm	Robotic Assisted En Bloc Hysterectomy with Partial Cystectomy for Placenta Accreta. *P. Lim, X. Zheng, S. Elfass*
3:56 pm	Essential Strategies for Efficient and Safe Robotic Mesh Sacrocolpopexy *S. Jaber, A. Harris, A. Zuschmann, N. Peters, D. Conrad*
4:02 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Video Session 16
Reproductive Surgery

3:15 pm – 4:15 pm
Room 223

Moderators: *Grace M. Janik and Suketu M. Mansuria*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Half the Uterus, Full Potential: Minimally Invasive Hemi-Hysterectomy for Uterine Didelphys to Relieve Pain and Preserve Fertility *L. Dyre, K. Stewart, Z. Khan, M. Neblett*
3:26 pm	Robotic Assisted Laparoscopic Transabdominal Cerclage: A Novel Needleless Tunneling Technique *Z. Ofori-Dankwa, L. Siewertsz van Reesema, C. Shadowen, H. Palin, J. Woo*
3:32 pm	Robotic Assisted Resection of Cesarean Scar Ectopic Pregnancy *S. Kegel, A. Pelle, A. Kaunitz, G. Lewis, C. Reese*
3:38 pm	Needleless Robotic Transabdominal Cerclage Comparison: Placement in a Nongravid and Gravid Uterus *C. Rowley, J. Mourad*
3:44 pm	Bridging the Isthmocele Gap: Review of Pregnancy Morbidity, IVF/Infertility Correlates, and Robotic Surgical Repair Technique *A. To, A. Parker, A. Fitzgerald, J. Applebaum, Y. Groszmann, G. Namazi*
3:50 pm	Robotic Excision of Cesarean Scar Ectopic Pregnancy *M. Pesce, E. Lazaris, S. Santiago, B. Skinner*
3:56 pm	Needle-Free Robotic Replacement of Transabdominal Cerclage in a Pregnant Patient. *E. Olig, C. Rowley, J. Mourad*
4:02 pm	Discussion Questions & Answers
4:15 pm	Adjourn

BSGE Panel
The Use of AI in Endometriosis Care

3:15 pm –4:15 pm
Ballroom A

Chair: *Angharad Jones*
Faculty: *Oscar Barnick, Fevzi Shakir, Arvind Vashisht*

Artificial Intelligence (AI) is transforming healthcare; and endometriosis care is no exception. AI is revolutionising diagnosis, treatment planning, and data analysis for this complex condition.

This course provides a comprehensive overview of how AI technologies can be utilised to improve outcomes in endometriosis care. Participants will explore the role of AI in enhancing diagnostic accuracy, supporting personalised treatment strategies, and fostering collaborative research. By integrating AI-driven insights with clinical expertise, this course aims to equip healthcare professionals with the knowledge to optimise patient care.

Without clearly defined criteria for specific management approaches we will highlight the challenges and merits of different surgical approaches for the disease. We focus on multidisciplinary working to improve women's healthcare together.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize the wider role of the AI endometriosis care; 2) Establish how AI can assist surgical reporting; and 3) Explain the role of AI to reduce the diagnostic delay in endometriosis care.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview *A. Jones*
3:20 pm	AI Enabled Early Diagnosis of Endometriosis *O. Barnick*
3:35 pm	The Role of AI in Surgical Reporting of Endometriosis *F. Shakir*
3:50 pm	An Overview of AI Use in Delivering Surgical Management of Endometriosis *A. Vashisht*
4:05 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Panel 8
Teach the Teacher: Surgical Coaching, and Conservation Strategies

4:30 pm – 5:30 pm
Room 203
CME

Chair: *Lisa Chao*
Faculty: *Olga Kciuk, Nichole Tyson*

The "MIGS Simulation: Teach the Teacher" course is designed for medical educators and practitioners interested in enhancing their teaching and coaching techniques in minimally invasive gynecologic surgery (MIGS). This course will explore the integration of artificial intelligence and 3D printing in surgical simulation, providing insights into effective simulation skills. Participants will learn innovative coaching strategies applicable in academic medicine, as well as tools to enrich their mentorship capabilities. Additionally, the course will address the use of AI programs for efficient notetaking and strategies for conserving resources in the operating room. Attendees will leave equipped with practical skills and knowledge to improve surgical education and promote longevity in clinical practices.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Explore the Role of AI and 3D Printing in Surgical Simulation: Participants will discuss the applications of artificial intelligence and 3D printing in medical simulation, while acquiring practical insights into simulation techniques for minimally invasive gynecologic surgery (MIGS) to enhance learner engagement and competency; 2) Implement Effective Coaching Strategies and Tools: Attendees will identify and apply innovative coaching strategies and tools in academic medicine to mentor and support medical trainees and faculty, thereby improving teaching methodologies and feedback mechanisms in MIGS training; and 3) Assess Longevity Strategies for Clinical and Surgical Efficiency: Participants will evaluate AI programs for dictation and note-taking, alongside OR conservation strategies, understanding how these practices can enhance operational efficiency and promote longevity in both clinical and surgical settings.

COURSE OUTLINE

4:30 pm	Welcome, Introduction and Course Overview *L. Chao*
4:35 pm	Surgical Coaching in MIGS, Innovation, Tools/Skills *L. Chao*
4:50 pm	The Use of AI in 3D Printing and Surgical Skill Training *N. Tyson*
5:05 pm	AI Programs for Dictation/Notes and Incorporating OR Conservation Strategies *O. Kciuk*
5:20 pm	Discussion Questions & Answers
5:30 pm	Adjourn

Panel 9
Allied Healthcare Professionals: Teamwork That Transforms Outcomes: How High-Performing Teams Drive Safety & Efficiency in Gynecologic Surgery

4:30 pm – 5:30 pm
Room 206
CME

Chair: *Wendy K. Winer*
Faculty: *Michelle Hilton, Wendy K. Winer*

Minimally invasive treatments in women's health are advancing rapidly, driven by technological innovation and a highly efficient operating room (O.R.) team. Today, the O.R. team extends beyond the traditional perioperative roles to include a broader network of allied healthcare professionals, each playing a critical part in optimizing outcomes. High-definition imaging, enhanced visualization, and AI-driven tools have elevated the importance of every team member in the surgical process. At the core of these advancements are shared values: efficiency, professionalism, ongoing education, empathy, morale, time management, and clear communication. When the full team functions effectively, surgeons receive the support needed to achieve the ultimate goal—improved outcomes for patients. This panel will explore the key supporting roles within the O.R. and practical strategies to enhance team efficiency and surgical success.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Implement strategies for improving efficiency in the O.R. as well as surgical outcomes for patients; 2) Identify vital supporting roles within the O.R.; and 3) Recognize ways to improve professionalism, empathy, morale and communication for a successful team.

COURSE OUTLINE

4:30 pm	Welcome, Introduction and Course Overview *W. Winer*
4:35 pm	What Makes a Team Thrive: The Power of Morale, Empathy, Professionalism, *and Communication* *M. Hilton*
4:55 pm	Driving Better Outcomes: Team Roles and Strategies for a More Efficient *Operating Room* *W. Winer*
5:15 pm	Discussion Questions & Answers
5:30 pm	Adjourn

Surgical Tutorial 7
Robotics With Few Portals and Low Docking

4:30 pm – 5:30 pm
Room 211
CME

Chair: *Mariano Tamura Vieira Gomes*
Faculty: *Gustavo A. Barison, Mariana Corinti, Mariano Tamura Vieira Gomes, Johnny Yi*

This surgical tutorial will be conducted by robotic surgeons with extensive experience in the field, who will share in a didactic manner the techniques and instruments used to operate with few portals and low docking on a large number of frequent and diverse cases in gynecology clinics. Through videos, they will facilitate understanding of how to proceed quickly and safely, both in the planned step-by-step and in unusual situations. The concept of doing more with less increases patient satisfaction and reduces costs, without compromising results, which can facilitate the expansion of the robotic platform, especially in places where cost is a key factor.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Evaluate the logic behind few portals and low docking, their benefits for the patient, their limitations and how to adopt them; 2) Value less invasive access in the treatment of different pathologies, using the available tools to the maximum and in the best way; and 3) Carry out initial cases safely in this manner and solve any difficulties that arise throughout the procedure, including with new portals, if necessary.

COURSE OUTLINE

4:30 pm	Welcome, Introduction and Course Overview *M. Tamura Vieira Gomes*
4:34 pm	Principles of Only Three Portals and Low Docking *M. Tamura Vieira Gomes*
4:47 pm	Hysterectomy and Myomectomy *G. Barison*
5:00 pm	Endometriosis and Adnexal Surgery *M. Corinti*
5:13 pm	Single Port Robotic Surgery for Prolapse, Optimizing Outcomes *J. Yi*
5:26 pm	Discussion Questions & Answers
5:30 pm	Adjourn Schwannoma *E. Ferrigni, J. Meyer, P.P. Naresh, J. Yi*
5:10 pm	Robotic-Assisted Excision of Diffuse Adenomyosis *Y. Youssef, G.N. Moawad*
5:16 pm	Discussion - Questions & Answers
5:30 pm	Adjourn

Oral Session 8
Pelvic Pain

4:30 pm – 5:30 pm
Room 212

Moderators: *Grace Liu and Taylor Nelson*

COURSE OUTLINE

4:30 pm	Welcome, Introduction and Course Overview
4:35 pm	Impacts of Childhood Chronic Pain on Adulthood Pelvic Pain *V. Fox, S. Till, G. Pena, A. Tilea, S. As-Sanie*
4:41 pm	IPCOAT® Liquid Adhesion Barrier Device Is Safe and Effective at Preventing De Novo and Reformation Surgical Adhesions *A. Yang, C. Springate, K. Wang, H. Sun, B. Young, H. Wong, M. Azim*
4:47 pm	The Impact of Central Sensitization on Postoperative Pain and Quality of Life Following Endometriosis Surgery *O. Casas Diaz, L. Bar-El, A. Gubbels, P. Frazzini*
4:53 pm	Improving Procedural Confidence in Ilioinguinal and Iliohypogastric Nerve Blocks with a Low-Fidelity Simulation: *A Pilot Study* *H. Kelly, J. Wu, M. Lachiewicz*
4:59 pm	Can Endometriosis Surgery Improve Central Sensitization in Chronic Pelvic Pain? *O. Casas Diaz, A. Gubbels, P. Frazzini*
5:05 pm	Self-Removal of Urinary Catheters after Urogynecologic Procedures *K. Budge, R. Bhatia, M. Hatazaki, K. Kolesnikova, K. Shakiba*
5:11 pm	Nationwide Propensity-Matched Analysis of Robotic Vs. Non-Robotic Repair of Rectovaginal and Colovaginal Fistulas *N. Belliard Martuscelli, T. Damrel, A. Borges Garnica, A. Seife, L. Celentano, A. McGrath, J. Parreco*
5:17 pm	Discussion Questions & Answers
5:30 pm	Adjourn

Oral Session 9
Various

4:30 pm – 5:30 pm
Room 219

Moderators: *Fatima Habeeb-Adeyemi and Harold Wu*

COURSE OUTLINE

4:30 pm	Welcome, Introduction and Course Overview
4:35 pm	β-Adrenoreceptors Types 1 and 2 in the Diagnosis of Pain Syndrome in Patients With Various Forms of Adenomyosis *L. Adamyan, A. Sokolov, A. Arakelyan,* A. Stepanian, A. Asaturova
4:41 pm	Adenomyosis in Reproductive-Age Patients: Choice of Treatment Tactics Using New Visualization Methods *A. Stepanian, L. Adamyan, A. Sokolov,* A. Arakelyan, V. Bychenko
4:47 pm	Simulation Training Experience in Minimally Invasive Gynecologic Surgery Fellowship: An Updated Survey Study *K. Hamilton, P. Amatya, M. Truong*
4:53 pm	Resection of a Transverse Vaginal Septum: Improving Fellows' Experience Via 3D-Printed Simulation Models *T. Dumont, A. From, H. O'Reilly, A. Lobos, N. Mitsakakis, L. Hayawi, G. Posner*
4:59 pm	Evaluating the Utility of a Novel Pudendal and Paracervical Block Model for OB/GYN Resident Training *L. Collins, C. Oviedo, J. Olsen,* M. Lachiewicz
5:05 pm	Stratifying Risk: Complication Rates across BMI Subgroups of Class III Obesity in Patients Undergoing Hysterectomy *A. Lalla, A. Parker, M. Brako, J. Prakash,* E. Jorgensen
5:11 pm	Is It Ethical to Have a "Cash Pay" Surgical Practice? *L. King*
5:17 pm	Discussion Questions & Answers
5:30 pm	Adjourn

Video Session 17
Fibroids

4:30 pm – 5:30 pm
Room 220

Moderators: *Angela Chaudhari and Linda M. Nicoll*

COURSE OUTLINE

4:30 pm	Welcome, Introduction and Course Overview
4:35 pm	Characterizing Fibroids and Other Atypical Uterine Masses on MRI S. Mian, C. Kwon, R. Sullender, K. Olinger, N. Abu-Alnadi, E. Carey
4:41 pm	Fibroid Mapping: A Systematic Approach to Reading Magnetic Resonance Imaging S. Mian, C. Kwon, K. Olinger, R. Sullender, N. Abu-Alnadi, E. Carey
4:47 pm	Endometriosis and Deep Rectovaginal Fibroid in a Nulliparous Woman: A Case of Chronic Constipation and Pelvic Pressure L. Gallardo, P. Galán Sancé
4:53 pm	Robotic-Assisted Resection of Disseminated Peritoneal Leiomyomatosis B. Lee, E. Salom
4:59 pm	Laparoscopic Assisted Pregnancy Termination at 14 Weeks with an Obstructive Cervical Fibroid C. Manning, A. Gorniak, K. Musselman, A. Frost, H. Wu, K. Wang, K. Simpson, K. Patzkowsky
5:05 pm	Surgical Management of 60 Intramural and Submucosal Fibroids Y. Yagur, O. Donohoe, M. Almoqren, J. Robertson, S. Choi, D. Rosen, D. Chou
5:11 pm	Approach to Single-Port Robotic-Assisted Myomectomy A. Bruce, J. Mourad
5:17 pm	Discussion Questions & Answers
5:30 pm	Adjourn

Panel 10
A Contemporary View of Menopausal Hormone Therapy

4:30 pm – 5:30 pm
Room 221

CME

Chair: *Barbara S. Levy*
Faculty: *Cheryl B. Iglesia, Lily Johnston*

Much has changed since the initial report of the Women's Health Initiative study in 2002. This course will review the insights, misinformation and harm resulting from the WHI research and then focus on data summarizing outcomes with current therapeutic interventions. Attendees will leave with a clear understanding of the risks and potential benefits of menopausal hormone therapy.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recap the WHI study: the good, the bad and the ugly; 2) Evaluate the literature on distinct hormone preparations, routes of administration and populations treated; and 3) Cite the evidence supporting the use of menopausal hormone therapy for preservation of function, treatment of symptoms and prevention of disease.

COURSE OUTLINE

4:30 pm	Welcome, Introduction and Course Overview *B. Levy*
4:35 pm	What Happened in July 2002? The WHI Hype, Truth and Where the Data Are Today *C. Iglesia*
4:45 pm	Cardiovascular Disease in Women – Should We Be Afraid of MHT? *L. Johnston*
4:55 pm	Menopausal Hormone Therapy and Breast Cancer Risk *B. Levy*
5:05 pm	Panel Discussion: Patients with Family History of Breast Cancer, Hypertension, Diabetes, Patient S/P Risk Reducing BSO *B. Levy, L. Johnston, C. Iglesia*
5:15 pm	Discussion Questions & Answers
5:30 pm	Adjourn

Patient Education Panel
Understanding Your Pain: The Brain-Body Connection in Pelvic Pain Conditions

4:30 pm – 5:30 pm
Room 223

Chair: *Ashley Gubbels*
Faculty: *Mark W. Dassel, Ashley Gubbels, Olga Muldoon, Adeoti Oshinowo*

Are you living with chronic pelvic pain and feeling frustrated, misunderstood, or like your body is working against you? This patient-centered course offers a new perspective on understanding your condition(s) and managing your pain.

What You'll Learn:

This course will demystify chronic pain, moving beyond the idea that pain always equals tissue damage. We'll explore:

- The Science of Pain: *Discover the fascinating ways your brain and nervous system process pain signals, and how these systems can become overprotective in chronic conditions.*
- Nociplastic Pain Explained: *Understand what "nociplastic pain" means for pelvic pain and how your brain can create pain even when tissues have healed or there's no ongoing injury.*
- The Mind-Body Connection: *Learn how stress, past experiences (including trauma), emotions, and even your thoughts can profoundly influence your pain experience.*
- Empowering Strategies: *Gain practical, evidence-based techniques to calm your nervous system, reduce pain sensitivity, and improve your daily function and quality of life. This includes strategies like mindfulness, movement, and nervous system regulation.*
- Taking Control: *This course will empower you to become an active participant in your pain management journey, helping you understand why you hurt and what you can do to feel better.*

Who is this course for? This course is designed for anyone experiencing chronic pelvic pain, including conditions like:

- Myofascial (musculoskeletal) pain
- Interstitial Cystitis/Painful Bladder Syndrome
- Vulvodynia and Vestibulodynia
- Pudendal Neuralgia
- Irritable Bowel Syndrome (IBS)
- Endometriosis-related pain

If you're ready to explore a different approach to your pain and learn how your brain and body work together in pelvic pain conditions, this course is for you.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Discover the fascinating ways your brain and nervous system process pain signals, and how these systems can become overprotective in chronic conditions; 2) Gain practical, evidence-based techniques to calm your nervous system, reduce pain sensitivity, and improve your daily function and quality of life; and 3) This course will empower you to become an active participant in your pain management journey, helping you understand why you hurt and what you can do to feel better.

COURSE OUTLINE

4:30 PM	Welcome, Introduction and Course Overview A. Gubbels
4:35 PM	Rewiring Pain: The Science of Chronic Pain, Stress, and Healing A. Gubbels
4:46 PM	Misdiagnosed, Misunderstood: Shedding Light on Pelvic Myofascial Pain O. Muldoon
4:57 PM	Navigating the Link: IBS, Bowel Issues, and Chronic Pelvic Pain Explained A. Oshinowo
5:08 PM	Bladder Matters: When It Ain't Endo M. Dassel
5:19 PM	Discussion Questions & Answers
5:30 PM	Adjourn

Congress • Tuesday, November 11, 2025

IAGE Panel
Overcoming Challenges in Hystero-Laparoscopy

4:30 pm – 5:30 pm
Ballroom A

Chair: *Kalyan Barmade*
Faculty: *Vidya V. Bhat, Atul Ganatra, S. Krishnakumar, Sujal A. Munshi, Hrishikesh Ashok Pandit, Sudha Tandon*

Hysteroscopy and laparoscopy have revolutionized gynecological surgery, offering minimally invasive solutions with faster recovery and fewer complications. However, certain clinical scenarios present formidable challenges that test the surgeon's expertise and judgment. This high-impact session brings together esteemed leaders from the Indian Association of Gynaecological Endoscopists (IAGE) to share their experience, insights, and practical solutions to some of the most demanding situations in hystero-laparoscopy.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Demonstrate knowledge of the nuances and safety considerations of performing laparoscopy during pregnancy, including appropriate case selection, surgical timing, and intraoperative precautions; 2) Recognize the unique anatomical and physiological challenges of hysteroscopy in very elderly patients and apply tailored techniques to minimize risks and optimize outcomes; 3) Identify and implement effective strategies for managing difficult myomas, focusing on safe dissection techniques and efficient tissue retrieval methods; 4) Approach complex endometriosis surgeries with confidence, employing advanced laparoscopic techniques to manage distorted anatomy, deep infiltrative disease, and preserve organ function; and 5) Address the complexities of redo surgeries in pelvic organ prolapse, including preoperative planning, managing adhesions, and ensuring durable surgical repair; and Navigate challenges in bladder dissection during hysterectomy in patients with previous cesarean sections, with emphasis on avoiding injury and achieving safe anatomical separation.

COURSE OUTLINE

4:30 pm	Welcome, Introduction and Course Overview *K. Barmade*
4:32 pm	Laparoscopy in Pregnancy *K. Barmade*
4:40 pm	Overcoming Challenges in Hysteroscopy in Very Elderly Patients *S. Krishnakumar*
4:48 pm	Difficult Myomas: Dissection and Tissue Retrieval *A. Ganatra*
4:56 pm	Challenging Situations in Endometriosis Surgery *S. Tandon*
5:04 pm	Challenges of Redo Surgeries in Prolapse *S. Munshi*
5:12 pm	Challenges in Bladder Dissection During Hysterectomy With Previous C-Section *V. Bhat*
5:20 PM	Laparoscopic Cerclage with Transvaginal Removability: A Novel Approach for Enhanced Obstetric Flexibility *H. Pandit* *First Prize Paper, 20th AAGL/IAGE International Congress on MIGS in Affiliation, March 2025, Pune, Mahrashtra, India*
5:26 PM	Discussion Questions & Answers
5:30 PM	Adjourn

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Exhibitor Registration Hours
Saturday, November 8: 7:00 am – 5:00 pm
Sunday, November 9: 8:00 am – 7:00 pm
Monday, November 10: 8:00 am – 2:00 pm
Tuesday, November 11: 8:00 am – 2:00 pm

Monday, November 10 – Tuesday, November 11
Exhibit Hall Hours
8:15 am - 2:00 pm

Breakfast
8:15 am – 9:30 am

Lunch
12:15 pm – 2:00 pm

Experience Theaters
8:30 am – 9:15 am
1:00 pm – 1:45 pm

Exhibit Hall Closes
2:00 pm

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Exhibitor Descriptions

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Japan
www.jmees-inc.com/en

Jmees is a medical start-up founded by surgeons and an AI engineer from Japan's National Cancer Center Hospital East. Our AI system analyzes laparoscopic videos in real time to support surgeons and improve surgical safety.

We are now preparing for U.S. market entry. To develop AI models suited to U.S. surgical practice, we are seeking research collaborators to collect and analyze surgical videos from U.S. hospitals—an essential step toward FDA approval.

Johnson & Johnson MedTech **105, MR-2, MR-8**

4545 Creek Road
Cincinnati, OH 45242 USA
877-384-4266
www.thenext.jnjmedtech.com

At Johnson & Johnson MedTech, we are working to solve the world's most pressing healthcare challenges through innovations at the intersection of biology and technology. We harness our deep expertise in surgery, orthopedics, vision, and interventional solutions to design healthcare solutions that are smarter, less invasive, and more personalized. To learn more about how we develop med tech that helps save lives and redefine what it feels like to be a patient, visit https://thenext.jnjmedtech.com.

Karl Storz Endoscopy-America **414**

2151 E. Grand Ave.
El Segundo, CA 90245 USA
800-421-0837
www.karlstorznetwork1.com/gynecology

At KARL STORZ our unwavering commitment to excellence continues to define the benchmark in minimally invasive surgery. A recent testament to our dedication is our Rubina™ system, a groundbreaking innovation that seamlessly toggles between high-definition 4K imaging and NIR/ICG fluorescence imaging overlay, monochromatic, and intensity-map modes provide precise visualization of lymph nodes and vessels when performing SLN mapping and/or lymphadenectomy.

Exhibitor Descriptions

Knight Therapeutics **733**

100 boulevard Alexis Nihon Suite 600
Montreal, QC H4M 2P2
Canada
438-334-2676
www.knighttx.com

Knight Therapeutics Inc. is a Canadian specialty pharmaceutical company focused on acquiring, in-licensing, out-licensing, marketing, and commercializing innovative treatments in Canada and Latin America.

Lapovations LLC **611**

700 W. Research Center Blvd Suite 1437
Fayetteville, AR 72701 USA
636-300-7227
www.lapovations.com

Lapovations is creating a platform of innovative products that improve laparoscopy. Our flagship product AbGrab® is a reusable device that uses suction to lift the abdominal wall prior to closed insertion entry. Manually lifting can be difficult and unreliable, especially with obese patients or for clinicians with small hands. Towel clips create puncture wounds that can cause needless bruising and post-op pain. AbGrab® is a reliable and non-invasive solution.

Laser Engineering, Inc. / American Surgical Specialties Co. **716**

475 Metroplex Dr - Ste 401
Nashville, TN 37211 USA
615-739-5418
www.laserengineering.com

Laser Engineering is a CO2 laser manufacturer located in Nashville. Laser Engineering will be debuting the Aurora Isotope CO2 Laser with Dual Delivery option utilizing a Heavy Duty Long Articulating Arm or the UltraLase Aiming Beam Fiber. Laser Engineering offers a full line of laser accessories including Robotic Delivery systems, GYN Fiber Handpieces, Micromanipulators- American Surgical offers an extensive line of Surgical Laparoscopic Instruments. Laser Focused on CO2 Innovations.

Lazarus 3D **112**

620 Applegate St
Philomath, OR 97370 USA
352-456-8656
www.lazarus3d.com

Lazarus 3D has developed the world's first FDA cleared technology that allows surgeons to rehearse upcoming surgeries on a replica of the patients' organs preoperatively. The Pre-Sure platform allow surgeons to perfect their surgical plan ahead of the curve so that they can operate with confidence.

LiNA Medical **438**

1856 Corporate Drive Suite 135
Norcross, GA 30093 USA
855-546-2633
www.linamed.com

LiNA Medical is dedicated to developing innovative, simple to use devices that are designed to improve patient care within minimally invasive gynecology and urology. LiNA manufactures the LiNA OperåScope® single-use operative hysteroscopy system and LiNA Xcise®, cordless laparoscopic morcellator.

LivsMed, Inc **537**

2305 Historic Decateur Road, Suite 100
San Diego, CA 92106 USA
619-872-5555
www.livsmed.us

LivsMed brings groundbreaking technology to minimally invasive surgery. We envision a new paradigm of laparoscopic surgery where articulating technology is available to every surgeon. Working with physicians worldwide, LivsMed has been focusing on revolutionizing the capabilities of MIS and advancing patient outcomes since 2011. For more information, visit www.livsmed.us

LSI Solutions, Inc. **615**

7796 Victor Mendon Rd
Victor, NY 14564-8966 USA
158-576-0644-5
www.lsisolutions.com

LSI SOLUTIONS®, located in beautiful Victor, New York, is a dynamic and growing medical device company that has more than doubled in size over the last seven years.
LSI SOLUTIONS® is dedicated to advancing minimally invasive therapeutics through research, development, manufacturing, and marketing proprietary products.

M&D Capital **110**

11506 Myrtle Avenue
Richmond Hill, NY 11418 USA
718 710-4772
www.mdcapitalbilling.com

At M&D Capital, we believe a successful medical practice relies on a billing operation uniquely tailored to its needs. Billing is not "cookie-cutter"—it must be customized to maximize profits. From selecting networks or going out-of-network, to building fee schedules and agreements, every detail matters. In today's complex landscape of insurers, discount-pricers, and changing regulations, customized billing is essential to drive revenue.

MacroLux Medical Technology Co., Ltd. **336**

301, Building 3, NamTai Inno Park, Guang Ming Avenue
SHENZHEN, Guangdong 518107
China
+86 0755-88656680
www.microlite.cn

MacroLux is a company dedicated to endoscopic diagnosis and treatment, focused on providing innovative and reliable medical solutions to healthcare professionals around the world. We are focusing on the endoscopic intervention therapy market and prioritize the development of single-use electronic endoscope products.

MAJnMAR Products **711**

203-1130 Austin Ave
Coquitlam, BC V3K 3P5
Canada
778-872-3876

MEDIFLEX **612**

250 Gibbs Road
Islandia, NY 11749 USA
631-582-8440
www.mediflex.com

Mediflex® offers the widest range of Holding Arms & Retractors for open, laparoscopic, and robotic surgery. Our signature reposable DynaTrac™ system helps reduce procedural costs & eliminates waste associated with disposable retractor frames. Create working space in the lower pelvis without an additional port using Port Free Retractors by Mediflex. Since 1975, Mediflex is proud to be the original manufacturer of the world famous Bookler® systems. Visit our booth to learn more.

Exhibitor Descriptions

Meditrina **210**

1190 Saratoga Ave #180
San Jose, CA 95129 USA
408-471-4877
www.avetasystem.com

The Aveta System is an all-in-one tissue removal solution for intrauterine pathology. Featuring wide-angle HD hysteroscopy with head-up display and electronic upright image-lock, advanced fluid management with improved pressure and fluid deficit control, full physician control on the scope handle, and the smallest insertion diameter with the largest working channel allows optimized tissue resection.

Medtronic **223, MR-9**

710 Medtronic Parkway
Minneapolis, MN 55432 USA
800-633-8766
www.medtronic.com

We lead global healthcare technology, boldly attacking the most challenging problems. Our Mission — to alleviate pain, restore health, and extend life — unites a global team of 90,000+ people, and our technologies transform the lives of two people every second, every hour, every day. Expect more from us.

Minerva Surgical **531**

4255 Burton Drive
Santa Clara, CA 95054 USA
650-399-1782
www.minervasurgical.com

At Minerva Surgical, we are committed to improving women's health and quality of life by providing access to minimally invasive, technologically advanced, and innovative solutions for early detection, treatment, and management of uterine conditions.

Minitouch **342,442**

47853 Warm Springs Blvd
Fremont, CA 94539 USA
510-651-5000
www.minitouch.us

Perform Office Endometrial Ablation with Minitouch 3.8 Era System. The Handpiece is slim and flexible as an IUD. The procedure is performed without timing, endometrial thinning, cavity sealing, dilation, block, IV or GA. At 36 months, 94% of patients had eumenorrhea with 59% amenorrhea/spotting, 95% had dramatic dysmenorrhea reduction with 71% reporting no dysmenorrhea at all, and 94% had no limitations at all in work/physical/social activities. Please visit Booth 827 for a demonstration – is this the correct booth number for the demonstration or should it be 442 as there is not a booth number 827 on the floor plan.

Moon Surgical **709, MR-7**

619 Old County Road
San Carlos, CA 94070 USA
774-222-2702
www.moonsurgical.com

Moon Surgical is on a mission to create the OR of the future, one that is sustainable, efficient, and digitalized. Designed to seamlessly integrate into your existing workflow, the innovative Maestro™ System offers a compact footprint comparable to a laparoscopic tower. The digital surgical assistant empowers surgeons with precise control and actionable insights, aiming to reduce procedure variability and increase OR efficiencies. Moon Surgical. Inspiring and innovating the art of surgery.

New Wave Endo **211**

6601 Lyons Road Suite D-8
Coconut Creek, FL 33073 USA
888-700-8890
www.NewWaveEndo.com

The M-Close Kit is a multifunctional tool, which uses needle guides to deliver targeted abdominal nerve block anesthesia into the pre-peritoneal nerve plane. M-Close is the ONLY port closure device with integrated needles that hit both edges of the fascial defect simultaneously with one push of the button. This action delivers reproducible symmetrical suture placement every time. The M-Close shielded needles help prevent injury to intra-abdominal organs even under low pneumoperitoneum.

NinoMed, LLC **115**

241 Parker Rd
Chapel Hill, NC 27517 USA
919-818-3711
www.ninomed.com

Our mission is to provide innovative and useful medical products at affordable prices. NinoMed was founded by an academic surgeon with a passion for patient safety and operating room efficiency. NinoMed's positioners are designed to improve OR setup, efficiency, patient comfort and safety while reducing costs. Please see Safe-T-Secure, Our All-In-One Trendelenburg Patient Positioner for robotic and laparoscopic surgery.

Northgate Technologies, Inc **432**

1591 Scottsdale Court
Elgin, IL 60123 USA
800-348-0424
www.ntisurgical.com

Pioneers in minimally invasive surgical technology, Northgate Technologies Inc. has been manufacturing, designing, and innovating since 1984. NTI is committed to providing optimal value and experience in the OR by implementing superlative technology, safety, and ease of use within our insufflation, closed-loop smoke evacuation, and ureteral electro-stimulation devices designed for minimally invasive and robotic procedures. Visit www.ntisurgical.com to learn more or request a trial.

Olympus America **513**

3500 Corporate Parkway Center
Valley, PA 18034 USA
1-800-401-1086

www.medical.olympusamerica.com/products/orbeye

At Olympus, we are committed to Our Purpose of making people's lives healthier, safer and more fulfilling. As a global medical technology company, we partner with healthcare professionals to provide best-in-class solutions and services for early detection, diagnosis and minimally invasive treatment, aiming to improve patient outcomes by elevating the standard of care in targeted disease states.

Exhibitor Descriptions

OriGyn Medical **231**

70 Country Way
Needham, MA 2492 USA
775-800-7300
www.origynmed.com

OriGyn Medical is an innovative med-tech company with offices in the US and China. We offer an ideal solution for office hysteroscopy and polypectomy procedures. The ClearVision disposable hysteroscopy system is easy to use and cost effective for multiple clinical applications. It works with Polygon tissue resection device to perform office polypectomy in minutes.

Pee Bee India Endoscopy **104**

Zest Business Centre M.G Road
Ghatkopar east
Mumbai, 400077
India
WhatsApp 91-9820065293
www.peebeeindia.com

Established is 1999 PEE BEE INDIA ENDOSCOPY grew in just a few years with innovative ideas and professional products to become a dependable partner in the medical instruments market worldwide.

We not only envision ourselves as distributors, but also partners of our customers and surgeons who must realy on their skills and our quality instruments to get the job done.

Pelvic Rehabilitation Medicine **828**

2090 Palm Beach Lakes Blvd. Suite 700
West Palm Beach, FL 33409 USA
269-760-0848
https://pelvicrehabilitation.com

PRM is proud to have endometriosis excision surgeons on staff, out of only 100 available in the world. Each is fellowship-trained and have worked on complex excision cases. The PRM Center of Excellence is here to care for you every step of the way. Not only are we experts in excision surgery, but our surgeons work hand-in-hand with our pelvic pain specialists to help you prepare and recover through the PRM Protocol™.

PelviQuest **732**

211 Essex Street Suite 402
Hackensack, NJ 07601 USA
201-301-2772
www.pelviquest.com

HEALTHCARE. The term holds so much promise. Stop Waiting. Start Living The reality delivers so much disappointment. SO, WOMEN WAIT. They're NOT asking the RIGHT QUESTIONS OR ENOUGH QUESTIONS. On an antiquated, apathetic system embraced by so many in our industry. And their quality of life ERODES. They're NOT researching the best solutions. We've decided to make an investment in a better process. It's more than a philosophy or an ethos, it's a real long-term, full-on, all-in commitment to your wife, your mother, your sister and your daughter to LIVE A BETTER LIFE. It's when experience, leadership and technology breed better outcomes. Because no matter how complex your problem or detailed your need, You'll Come To Know One Thing At PelviQuest, we don't believe in waiting. WE BELIEVE IN LIVING.

Porter Instrument **435**

245 Township Line Rd
Hatfield, PA 19440 USA
267-436-2537
www.porterinstrument.com/medical

Porter Instrument has been manufacturing nitrous oxide and oxygen delivery systems for over 50 years. Nitronox Plus® is the only demand flow system that offers 0-70% adjustable nitrous oxide which allows the clinician to dial in to each patient's specific needs vs. fixed 50/50 devices. Nitronox Plus is simple to use and helps manage your patient's pain and anxiety during minimally invasive in-office OBGYN procedures including hysteroscopy, IUD insertion and medical aesthetic procedures.

Progressive Medical Inc. **808**

997 Horan Drive
Fenton, MO 63026-2401 USA
314-961-5786
www.progressivemedinc.com

Progressive Medical, Inc. (PMI) was founded in 1986 with a mission to identify and provide specialty medical products that demonstrate proven advantages in overall cost effectiveness, efficiency, and safety. Our strong and steady growth has led to the establishment of strategically located nationwide distribution capabilities. Likewise, our clinically trained sales staff has grown and currently numbers more than 80 strong.

Provepharm Inc. **106**

100 Springhouse Drive 105
Collegeville, PA 19426 USA
713-823-6454
www.provepharmusa.com

With an impressive legacy of healthcare innovations and solutions spanning more than 20 years, Provepharm is at the forefront of developing innovative drugs from well-known molecules that advance therapeutic progress for the benefit of patients.

Rejoni **114, MR-1**

201 Burlington Rd.
Bedford, MA 1730 USA
978-609-3248
www.rejoni.com

Rejoni is using hydrogel technology to develop solutions designed to minimize the risks associated with gynecological procedures. A clinical study is currently underway for an investigational medical device called Juveena hydrogel which is designed to minimize the formation or reoccurrence of intrauterine adhesions after common surgical procedures like myomectomy and adhesiolysis.

Richard Wolf Medical Instruments **330**

353 Corporate Woods Pkwy
Vernon Hills, IL 60061 USA
847-913-1113
www.richard-wolf.com/en-us/

Richard Wolf Medical Instruments is dedicated to improving patient outcomes through innovation in endoscopy. For over 100 years, Richard Wolf has pursued endoscopic solutions focused on improving surgical results while reducing patients' trauma. In the pursuit of the spirit of excellence, Richard Wolf prides itself on quality and innovation.

Exhibitor Descriptions

Shenzen Huge Med Medical Technical Development Co., LTD **213**

8th Floor, Tempus Building A, Qingshui River Road, Luohu Dis
Shenzhen,
China
86-755-222-7586-6
hugemed.net/About/index.html#26

Shenzhen HugeMed Medical Technical Development Co., Ltd. (a.k.a. HugeMed) founded in 2014, is a high-tech company that dedicated to medical endoscopes, forming a team covering R&D, manufacturing, sales, and service.

To bring decent endoscopy to all people in need, HugeMed has launched single-use and reusable endoscopes applicable in multiple fields during its first decade of independent R&D and global market expansion, securing hundreds of certifications including NMPA, CE, FDA, and MDSAP.

Surgical Science **609**

23500 Mercantile Rd Suite F
Beachwood, OH 44122 USA
800-918-1670
www.surgicalscience.com

Surgical Science is the world's leading supplier of medical virtual reality simulators. Our products are used by teaching hospitals and medical training centers worldwide for practice, validation, and certification of medical specialists, as they allow for safe, standardized skills training before entering the clinical environment.

TMI **433**

64 Summer St
Andover, MA 01810 USA
978-289-7649

TroCare LLC **813**

1000 Louisiana Street, Suite 6400
Houston, TX 77002 USA
415-996-6888

http://www.trokitclean.com

TroCare, the home of the TroKit, offers a family of patented, FDA cleared lenscleaning devices that cover both robotic and laparoscopic surgery. The only efficient and cost effective devices of their kind, TroKit cleans the camera lens within the body.

UTHealth Houston - Department of Obstetrics, Gynecology and Reproductive Sciences **233**

6400 Fannin Street
Houston, TX 77030
713-486-7700
www.utphysicians.com/advanced-minimally-invasive-gynecology/

UTHealth Houston Advanced Minimally Invasive Gynecology (AMIG) program offers comprehensive, evidence-based care for complex gynecologic conditions, including fibroids, endometriosis, adenomyosis, and abnormal uterine bleeding. Faculty perform advanced laparoscopic, robotic, hysteroscopic, and vaginal procedures and lead a fellowship in minimally invasive gynecologic surgery, training the next generation of specialists while advancing multidisciplinary patient care

Veol Medical Technologies PVT Ltd **629**

A747, Pawane MIDC, TTC Industrial Area
Navi Mumbai, Maharashtra 400705
India
+91-9702799229
www.veolmedtech.com

Veol Medical Technologies (VMT) is a medical device manufacturer focused on women's health. We offer innovative, minimally invasive solutions like the CE-certified Versator Morcellator with MORSAFE Bag for fibroid removal. Our FDA 510(k)-cleared products include the EzCatch tissue retrieval bag and EzVu, a patented vasopressor injector. With a presence in over 40 countries, Veol is committed to safer, smarter gynecologic surgery.

We are seeking for distributorship in US.

Womed **142**

1919 route de MendeBat Balard
Montpellier, 34090
France

33-785-225-561

https://www.womedtech.com

Womed is a women's health company pioneering innovative, safe and effective treatments to free women from uterine pathologies.
The first product, Womed Leaf®, is a medical device to treat and prevent bonding of the uterine walls, which occurs in particular in one in five women treated for miscarriage. Womed's pipeline of intrauterine drug delivery products include treatments for fibroids, endometriosis and acute uterine bleeding.

Xodus Medical, Inc. **823**

702 Prominence Drive
New Kensington, PA 15068 USA
724-337-5500
www.xodusmedical.com

Xodus Medical provides patient-safety best practices for surgeons and operating room nurses. We deliver cutting-edge solutions that help protect patients and promote positive surgical outcomes.

Xpan Medical **631**

57 Corstate Avenue Suite 200
Vaughan, ON L4K 4Y2
Canada
888-521-5249
www.xpanmedical.com

Xpan eliminates safety & utility trade-offs of small vs. large trocars in MIS procedures. Our novel access port leverages a less invasive 3mm diameter initial access (MiniLap) which can be easily expanded to 5mm or 12mm (conventional MIS) in seconds to achieve larger access intraprocedurally. The Xpan access system enables seamless upsizing and is highly resistant to slippage. Radially dilating access technology enhances ERAS for patients through gentle tissue dilation instead of cutting tissue.

Ziwig **729**

19 rue Riboud
Lyon, 69003
France
+33 6 43 63 75 75
www.ziwig.com/en/home

Ziwig is a pioneering French biotech company specializing in diagnostics based on salivary RNA analysis and artificial intelligence.
Ziwig Endotest®, is a simple, non-invasive saliva test for the early and reliable diagnosis of endometriosis. Ziwig Endotest® is intended for patients aged 18 to 43, with symptoms suggestive of endometriosis1 and/or unexplained infertility. It offers a high reliability: Sensitivity > 97%, specificity > 93.

AAGL Upcoming Educational Programs

The following meetings are sponsored or endorsed by the AAGL. Endorsed programs meet the caliber of education that the AAGL recommends to its members as part of their continuing education.

For more information, please visit www.aagl.org.

Minimally Invasive Gynecologic Surgery Course and Cadaver Lab
Course Directors:
Emad Mikhail, MD
Nash S. Moawad, MD, MS
January 9–11, 2026
The Center for Advanced Medical Learning and Simulation
Tampa, Florida

AAGL/ESGE Virtual Congress
Transatlantic Exchanges: Shaping the Future of MIGS
January 24, 2026
7:00 am PST, 10:00 am EST, 4:00 pm CET

AAGL 3rd International Summit on Hysteroscopy
Scientific Program Chairs:
Linda D. Bradley, MD
Jose A. Carugno, MD
Nash S. Moawad, MD, MS
March 12–14, 2026
Lake Buena Vista, Florida

55th AAGL Global Congress on MIGS
Scientific Program Chair:
Nash Moawad, MD, MS
November 13–16, 2026
Hynes Convention Center
Boston, Massachusetts

56th AAGL Global Congress on MIGS
November 3–6, 2027
San Diego Convention Center
San Diego, Californi

Thank you to the AAGL Team for their commitment and effort in making this Global Congress a success!

Linda Michels, *Executive Director*
Roman Bojorquez, *Director of Operations*
Linda J. Bell, *Content Delivery Manager, Grants & SurgeryU*
Heather Bradford, *Account Executive, Media and Regional Meeting Sales*
Arcy Dominguez, *FMIGS Program Manager*
Gerardo Galindo, *Membership Manager*
Kyle Hicks, *EMIGS Program Manager*
Kenita Hidalgo, *Manager, Meetings and Events*
Kathy McMahon, *Executive Management Facilitator*
Christopher Rivera, *Marketing Associate*
Seth Spirrison, *Database and Committee Coordinator*
Linda Stewart, *Controller*
Abigail Symonds, *SurgeryU Manager*
Arshpreet K. Tiwana, *FMIGS Coordinator*
Corby Wagner, *EMIGS Program Coordinator*
Doreen Wiley, *Marketing and Communications Manager*

We would also like to recognize Baron Miller of Buzzbox Media for his inspired graphic design!

AAGL 3RD

International Summit on Hysteroscopy

Join The Revolution of Intra-Uterine Surgery

March 13–14 2026 • Lake Buena Vista, Florida

Scientific Program Chairs:

Linda D. Bradley, MD
Jose A. "Tony" Carugno, MD
Nash S. Moawad, MD

Explore the future of hysteroscopic innovation, hands-on learning, and expert-led discussions.

Hysteroscopy Innovations Expo 2026

Discover cutting-edge equipment and technology.

Live Demos & Expert Panels

Learn the latest techniques in intra-uterine surgery.

Hands-On Training & Simulation Labs

Get practical experience guided by top experts.

Networking Opportunities

Connect with industry leaders and peers.

Early bird registration will be available soon!

AAGL
ELEVATING GYNECOLOGIC SURGERY WORLDWIDE

www.aagl.org

Johnson & Johnson MedTech

Surgical energy, simplified

J&J MedTech

DUALTO™ Energy System

The ETHICON™ Total Energy System is now referred to as DUALTO™, with no changes to its intended use, design, performance, or regulatory status under FDA 510(k) K243067

womed leaf®

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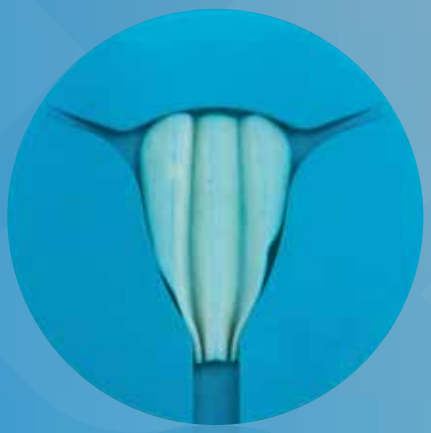
visit us at BOOTH 142 visit us at

First **FDA-approved** device for

Asherman syndrome



- IUD-like insertion
- Self-deployment
- Self-discharge

Proven effectiveness **No pain**

*in the 160 severe or moderate IUA patient pivotal randomized controlled study**

Indicated for adult women undergoing hysteroscopic surgery for symptomatic moderate to severe intrauterine adhesions

womed

*Fernandez H., et al. Effectiveness of degradable polymer film in the management of severe or moderate intrauterine adhesions (PREG-2): a randomized, double-blind, multicenter, stratified, superiority trial. Fert&Ster 122.(6) 2024